EXHIBIT 9

Jackson County Memorial Hospital (HCP #10202)

Block 1: General Information		
1 Funding Year 2019 2 Funding Request Number (· · · · · · · · · · · · · · · · · · ·	HCP Number: 10202
4 Site Name/Consortium Name: Jackson County Memoria	l Hospital	
Block 2: Competitive Bidding Information		
5 FCC Form 461 Application Number: 100034206		
6 Allowable Contract Selection Date (ACSD): 05/15/2019	Service Provider Selection	on Date: 05/30/2019
7 Number of vendors who bid: 5 Are you continuing	service with your current s	service provider? • Yes • No
8 Request for competitive bidding exemption (Only complet	e if claiming a competitive	bidding exemption).
☐ Annual Undiscounted Cost of \$10,000 or less		
☐ Government Master Services Agreement	Contract ID:	Friendly Name:
☐ Pre-Approved Master Services Agreement	Contract ID:	Friendly Name:
☐ Evergreen Contract	Contract ID:	Friendly Name:
☐ E-Rate Approved Contract	Contract ID:	Friendly Name:
Block 3: Vendor Information		
1430104	84	
10 Vendor name: Cable One, Inc		
Block 4: Type of Funding Request		
11 Individual HCP, single eligible expense		
☐ Individual HCP, multiple eligible expenses	- OF) Hala a da d da a coma a da	IOMIL 40000 40500 45000 C-N
	e 25) Uploaded document:	JCMH 10202_16560_15862 Cabl
Block 5: Single Eligible Expense Request for Funding		
Is this a newly installed circuit? O Yes • No 12 Category of Expense Leased/Tariffed Facilities or Services	l Ed.	
12 Category of Expense	13 Expense Type Ethe	
14 Bandwidth 300.0 Mbps	14a Is this service symm	
15 Circuit ID (optional)	If no, what is the upload by What is the download bar	
16 Percentage of expense eligible 100.0	Trinacio allo dominoda sal	
17 Does the Service Type include both eligible and ineligible	e components?	es No
If yes, percentage of usage eligible	o compensione.	3.10
18 Billing Account Number (BAN)		
19 Contract ID 1174850	19a Date contract signed	d 04/17/2017 End 04/17/2020
19b Expected service start date 07/01/2019	19c Length of initial cont	
19d Number of contract extensions 0		xtension(s) combined 0 Month(s)
If this is a multi-year contract, would you like this contract		
	Teviewed for evergreen en	dorsement: 9 163 9146
20 Circuit start location		
Address Line 1 1200 E PECAN ST		
Address Line 2	Ctata OV	7:- Codo 72524
City ALTUS	State OK	Zip Code 73521
21 Circuit end location		
Address Line 2		
Address Line 2	Ctoto	7in Code
City	State	Zip Code

22	Is this a multi-year funding request? O Yes O No Multi-year commitments cannot exceed 3 funding years and may not extend beyond the expiration date of an Evergreen Contract.
23	Expense frequency Monthly 24 Quantity of expense periods 9.56667
25	Undiscounted cost per expense period \$800.00
26	Source of HCP contribution Eligible HCP participant, State grants, funding, or appropriations
27	One-time installation charges \$0.00
28	This contract contains a Service Level Agreement. O Yes O No
	If yes, provide the following information a. Latency: b. Jitter:
	concerning the SLA in the contract: c. Packet Loss: d. Reliability:
	USAC Internal Use Only
	Funding Start Date Funding End Date
Ble	ock 6: Multiple Eligible Expenses and Consortium Requests for Funding (attach Network Cost Worksheet)
29	Total undiscounted cost for eligible recurring expenses
30	Total undiscounted cost for eligible non-recurring expenses
Blo	ock 7: Additional Documentation
31	List all supporting documentation (Competitive bids, Contract, etc.) that is required to be submitted with this form.
	Type of Documentation
	a.
	<u>b.</u>
	C.
Blo	ock 8: Request for Confidentiality
	○ Yes
	ock 9: Certification
Bl 0	Cck 9: Certification X I certify under penalty of perjury that I am authorized to submit this request on behalf of the healthcare provider or consortium.
	ock 9: Certification X I certify under penalty of perjury that I am authorized to submit this request on behalf of the healthcare
33	I certify under penalty of perjury that I am authorized to submit this request on behalf of the healthcare provider or consortium. I declare under penalty of perjury that I have examined this request and attachments and to the best of my knowledge, information, and belief, all information contained in this request and in any attachments is true and correct. I certify under penalty of perjury that the healthcare provider or consortium has considered all bids received
33	I certify under penalty of perjury that I am authorized to submit this request on behalf of the healthcare provider or consortium. I declare under penalty of perjury that I have examined this request and attachments and to the best of my knowledge, information, and belief, all information contained in this request and in any attachments is true and correct. I certify under penalty of perjury that the healthcare provider or consortium has considered all bids received and selected the most cost-effective method of providing the requested services. The "most cost-effective service" is defined as the "method that costs the least after consideration of the features, quality of transmission, reliability, and other factors that the healthcare provider deems relevant to choosing a method
33 34 35	I certify under penalty of perjury that I am authorized to submit this request on behalf of the healthcare provider or consortium. I declare under penalty of perjury that I have examined this request and attachments and to the best of my knowledge, information, and belief, all information contained in this request and in any attachments is true and correct. I certify under penalty of perjury that the healthcare provider or consortium has considered all bids received and selected the most cost-effective method of providing the requested services. The "most cost-effective service" is defined as the "method that costs the least after consideration of the features, quality of transmission, reliability, and other factors that the healthcare provider deems relevant to choosing a method of providing the required health care services." 47 C.F.R. § 54.642(c).
33 34 35	I certify under penalty of perjury that I am authorized to submit this request on behalf of the healthcare provider or consortium. I declare under penalty of perjury that I have examined this request and attachments and to the best of my knowledge, information, and belief, all information contained in this request and in any attachments is true and correct. I certify under penalty of perjury that the healthcare provider or consortium has considered all bids received and selected the most cost-effective method of providing the requested services. The "most cost-effective service" is defined as the "method that costs the least after consideration of the features, quality of transmission, reliability, and other factors that the healthcare provider deems relevant to choosing a method of providing the required health care services." 47 C.F.R. § 54.642(c). I certify under penalty of perjury that all Healthcare Connect Fund support will be used only for the eligible program purposes for which support is intended.
33 34 35 36 37	I certify under penalty of perjury that I am authorized to submit this request on behalf of the healthcare provider or consortium. I declare under penalty of perjury that I have examined this request and attachments and to the best of my knowledge, information, and belief, all information contained in this request and in any attachments is true and correct. I certify under penalty of perjury that the healthcare provider or consortium has considered all bids received and selected the most cost-effective method of providing the requested services. The "most cost-effective service" is defined as the "method that costs the least after consideration of the features, quality of transmission, reliability, and other factors that the healthcare provider deems relevant to choosing a method of providing the required health care services." 47 C.F.R. § 54.642(c). I certify under penalty of perjury that all Healthcare Connect Fund support will be used only for the eligible program purposes for which support is intended. I certify that the healthcare provider or consortium is not requesting support for the same service from both the Telecommunications Program and the Healthcare Connect Fund. I certify that the healthcare provider or consortium satisfies all of the requirements under Section 254 of the Telecommunications Act of 1996, as amended, and applicable Commission rules, and understand that any letter from the Administrator that erroneously commits funds for the benefit of the applicant may be

41 Signature	42 Date
43 Printed Name Shannon D. Tice	44 Title/Position Sr. Account Manager
45 Phone 580-559-8326 Ext. 8316	46 Email stice@kelloggllc.com
47 Employer Kellogg & Sovereign Consulting, LLC	48 Employer's FCC RN 0011542313

FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT

Part 54 of the Federal Communications Commission's (FCC) rules authorize the FCC to collect the information requested in this form. Responses to the questions herein are required to obtain the benefits sought by this form. Failure to provide all requested information will delay processing or result in the form being returned without action. Information requested by this form will be available for public inspection. The information provided will be used to determine whether approving this request is in the public interest.

We have estimated that each response to this collection of information will take 2 hours. Our estimate includes the time to read the instructions, look through existing records, gather and maintain the required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Paperwork Reduction Project (3060-0804), Washington, DC 20554. We will also accept your comments via the Internet if your send them to pra@fcc.gov. Please DO NOT SEND COMPLETED APPLICATIONS TO THIS ADDRESS.

Remember — you are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0804.



Logout

HCP Name: Jackson County Memorial Hospital

HCP Number: 10202

RURAL HEALTH CARE

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shou. To save a draft of this form, please	Soloci Savo and Exit. 1	of more information as	out liling willdow	periods, pr	ouse check hore.
46 Email	stice@kelloggllc.com				
43 Printed Name of Authorized Person	First Name:	Middle Initial:	Last Name:		
	Shannon	D	Tice		
44 Title/Position of Authorized Person	Sr. Account Manager				
45 Phone	580-559-8326		Ext.	8316	
47 Employer	Kellogg & Sovereign C	onsulting, LLC			
48 Employer's FCC RN	0011542313				
	Dena Daniel				•



Logout

HCP Name: Jackson County Memorial Hospital

HCP Number: 10202

RURAL HEALTH CARE

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Form 461 Form 462 Form 463 Documents Form 460

Click the 'Substitution' button to view approved 462s and submit site and service substitutions. You can select expense items to modify and create new expense items on one FRN at a time. Refer to the approved NCW by downloading the excel file as a reference to aid you during this process. Note that total funding on an FRN cannot increase above the original commitment amount. For more information, watch the site and service substitution demonstration video or review the guide. Expense items included on submitted or draft 463s are not available for modification until USAC processes them, and expense items included in substitutions are not available for invoicing on the 463 until USAC processes the substitution.

Substitution

461 App #	FRN	Last Edited	Type of Funding Request	Expense Type	Bandwidth (Download/Upload)	FCL Issuance Date	Status	Download	Actions Available
100009034	15737821	5/02/2019	Single Eligible	Ethernet	50.0MB / 50.0MB	5/14/2019	Approved	7	Create 463
1	18459001	1/22/2019	Single Eligible	Ethernet	50.0MB / 50.0MB	1/22/2019	Approved	19701	Create 463
100034206	19668561	6/12/2019	Multiple Eligible	Multiple	Multiple		Draft		Delete
100034206	19668571	6/12/2019	Single Eligible	Internet			Draft		Delete
100034206	19668531	6/12/2019	Single Eligible	Ethernet			Draft		Delete
	18456411	2/08/2019	Single Eligible	Ethernet	50.0MB / 50.0MB		Denied		Create 463







































Block 1: General Information		
1 Funding Year 2019 2 Funding Request Number (I	· · · · · · · · · · · · · · · · · · ·	HCP Number: 10202
4 Site Name/Consortium Name: Jackson County Memorial	l Hospital	
Block 2: Competitive Bidding Information		
5 FCC Form 461 Application Number: 100034206		
6 Allowable Contract Selection Date (ACSD): 05/15/2019	Service Provider Selectio	n Date: 05/30/2019
	service with your current s	<u> </u>
8 Request for competitive bidding exemption (Only complete	e if claiming a competitive	bidding exemption).
☐ Annual Undiscounted Cost of \$10,000 or less		
☐ Government Master Services Agreement	Contract ID:	Friendly Name:
☐ Pre-Approved Master Services Agreement	Contract ID:	Friendly Name:
☐ Evergreen Contract	Contract ID:	Friendly Name:
☐ E-Rate Approved Contract	Contract ID:	Friendly Name:
Block 3: Vendor Information		
1430255	39	
10 Vendor name: Granite Telecommunications, LLC		
Block 4: Type of Funding Request		
11 Individual HCP, single eligible expense		
☐ Individual HCP, multiple eligible expenses	25) I Inloaded document:	JCMH 10202 Granite 250 Mbps E
	23) Opioaded document.	JOWIT 10202 Granite 230 Mbps L
Block 5: Single Eligible Expense Request for Funding Is this a newly installed circuit? Yes No		
Lancad/Tariffed Facilities on Commission	13 Expense Type Inter	rnet
12 Category of Expense		
14 Bandwidth 250 Mbps	14a Is this service symm If no, what is the upload b	
15 Circuit ID (optional)	What is the download bar	
16 Percentage of expense eligible 100.0		
17 Does the Service Type include both eligible and ineligible	e components? O Ye	es No
If yes, percentage of usage eligible		
18 Billing Account Number (BAN)		
19 Contract ID 1174854	19a Date contract signed	d 03/05/2019 End 03/05/2022
19b Expected service start date 07/01/2019	19c Length of initial contr	ract term 36 Month(s)
19d Number of contract extensions 0	19e Length of optional ex	xtension(s) combined 0 Month(s)
If this is a multi-year contract, would you like this contract r	eviewed for evergreen end	dorsement? ⊙ Yes ONo
20 Circuit start location		
Address Line 1 1200 E PECAN ST		
Address Line 2		
City ALTUS	State OK	Zip Code 73521
21 Circuit end location		
Address Line 1		
Address Line 2		
City	State	Zip Code

22	Is this a multi-year funding request? ○ Yes • No	Multi-year commitments cannot exceed 3 funding years and may not extend beyond the expiration date of an Evergreen Contract.
23	Expense frequency Monthly	24 Quantity of expense periods 12.0
25	Undiscounted cost per expense period \$1,180.00	
26	Source of HCP contribution Eligible HCP participant, State	grants, funding, or appropriations
27	One-time installation charges \$0.00	
28	This contract contains a Service Level Agreement.	O Yes
	If yes, provide the following information concerning the SLA in the contract: a. Latency: c. Packet Loss	b. Jitter: c. d. Reliability:
	USAC Internal Use Only	
	Funding Start Date	Funding End Date
Blo	ock 6: Multiple Eligible Expenses and Consortium Red	quests for Funding (attach Network Cost Worksheet)
29	Total undiscounted cost for eligible recurring expenses	
30	Total undiscounted cost for eligible non-recurring expens	es
Blo	ock 7: Additional Documentation	
31	List all supporting documentation (Competitive bids, Con	tract, etc.) that is required to be submitted with this form.
	Type of Documentation	
	a.	
	b.	
	c.	
Blo	ock 8: Request for Confidentiality	
		O Yes No
		0 100 0 110
Blo	ock 9: Certification	7 103 0 110
Blo	I certify under penalty of perjury that I am authori provider or consortium.	zed to submit this request on behalf of the healthcare
	I certify under penalty of perjury that I am authoric provider or consortium. I declare under penalty of perjury that I have example my knowledge, information, and belief, all informative and correct.	zed to submit this request on behalf of the healthcare camined this request and attachments and to the best of ation contained in this request and in any attachments is
33	I certify under penalty of perjury that I am authoric provider or consortium. I declare under penalty of perjury that I have example knowledge, information, and belief, all informative and correct. I certify under penalty of perjury that the healthcat and selected the most cost-effective method of person service" is defined as the "method that costs the	zed to submit this request on behalf of the healthcare camined this request and attachments and to the best of ation contained in this request and in any attachments is are provider or consortium has considered all bids received roviding the requested services. The "most cost-effective least after consideration of the features, quality of the healthcare provider deems relevant to choosing a method
33	I certify under penalty of perjury that I am authoric provider or consortium. I declare under penalty of perjury that I have example the most correct. I certify under penalty of perjury that the healthcat and selected the most cost-effective method of performing is defined as the "method that costs the transmission, reliability, and other factors that the of providing the required health care services." 4	zed to submit this request on behalf of the healthcare camined this request and attachments and to the best of ation contained in this request and in any attachments is are provider or consortium has considered all bids received roviding the requested services. The "most cost-effective least after consideration of the features, quality of the healthcare provider deems relevant to choosing a method
33 34 35	X I certify under penalty of perjury that I am authori provider or consortium. X I declare under penalty of perjury that I have ex my knowledge, information, and belief, all inform true and correct. I certify under penalty of perjury that the healthcar and selected the most cost-effective method of poservice" is defined as the "method that costs the transmission, reliability, and other factors that the of providing the required health care services." 4 X I certify under penalty of perjury that all Healthcar program purposes for which support is intended.	zed to submit this request on behalf of the healthcare camined this request and attachments and to the best of ation contained in this request and in any attachments is are provider or consortium has considered all bids received roviding the requested services. The "most cost-effective least after consideration of the features, quality of a healthcare provider deems relevant to choosing a method of C.F.R. § 54.642(c).
33 34 35 36	I certify under penalty of perjury that I am authoricy provider or consortium. I declare under penalty of perjury that I have example knowledge, information, and belief, all information and correct. I certify under penalty of perjury that the healthcate and selected the most cost-effective method of perservice is defined as the "method that costs the transmission, reliability, and other factors that the of providing the required health care services." 4 I certify under penalty of perjury that all Healthcate program purposes for which support is intended. I certify that the healthcare provider or consortium both the Telecommunications Program and the Felecommunications Act of 1996, as amended.	zed to submit this request on behalf of the healthcare camined this request and attachments and to the best of ation contained in this request and in any attachments is are provider or consortium has considered all bids received roviding the requested services. The "most cost-effective least after consideration of the features, quality of a healthcare provider deems relevant to choosing a method of C.F.R. § 54.642(c).
33 34 35 36 37	I certify under penalty of perjury that I am authoricy provider or consortium. I declare under penalty of perjury that I have example knowledge, information, and belief, all information and correct. I certify under penalty of perjury that the healthcate and selected the most cost-effective method of perservice is defined as the "method that costs the transmission, reliability, and other factors that the of providing the required health care services." 4 I certify under penalty of perjury that all Healthcate program purposes for which support is intended. I certify that the healthcare provider or consortium both the Telecommunications Program and the Healthcare provider or consortium the Telecommunications Act of 1996, as amended any letter from the Administrator that erroneously subject to rescission.	zed to submit this request on behalf of the healthcare camined this request and attachments and to the best of ation contained in this request and in any attachments is are provider or consortium has considered all bids received roviding the requested services. The "most cost-effective least after consideration of the features, quality of a healthcare provider deems relevant to choosing a method of C.F.R. § 54.642(c). The Connect Fund support will be used only for the eligible on is not requesting support for the same service from the dealthcare Connect Fund. The satisfies all of the requirements under Section 254 of ed, and applicable Commission rules, and understand that

41 Signature	42 Date
43 Printed Name Shannon D. Tice	44 Title/Position Sr. Account Manager
45 Phone 580-559-8326 Ext. 8316	46 Email stice@kelloggllc.com
47 Employer Kellogg & Sovereign Consulting, LLC	48 Employer's FCC RN 0011542313

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Remember — you are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0804.



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HCP Name: Jackson County Memorial Hospital

HCP Number: 10202

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Please note that the funding request filing eriod. To save a draft of this form, please					
shou. To save a draft of this form, please	Soloci Savo and Exit. 1	of more information as	out liling willdow	periods, pr	ouse check hore.
46 Email	stice@kelloggllc.com				
43 Printed Name of Authorized Person	First Name:	Middle Initial:	Last Name:		
	Shannon	D	Tice		
44 Title/Position of Authorized Person	Sr. Account Manager				
45 Phone	580-559-8326		Ext.	8316	
47 Employer	Kellogg & Sovereign C	onsulting, LLC			
48 Employer's FCC RN	0011542313				
	Dena Daniel				•



Logout

HCP Name: Jackson County Memorial Hospital

HCP Number: 10202

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Form 461 Form 462 Form 463 Documents Form 460

Click the 'Substitution' button to view approved 462s and submit site and service substitutions. You can select expense items to modify and create new expense items on one FRN at a time. Refer to the approved NCW by downloading the excel file as a reference to aid you during this process. Note that total funding on an FRN cannot increase above the original commitment amount. For more information, watch the site and service substitution demonstration video or review the guide. Expense items included on submitted or draft 463s are not available for modification until USAC processes them, and expense items included in substitutions are not available for invoicing on the 463 until USAC processes the substitution.

Substitution

461 App #	FRN	Last Edited	Type of Funding Request	Expense Type	Bandwidth (Download/Upload)	FCL Issuance Date	Status	Download	Actions Available
100009034	15737821	5/02/2019	Single Eligible	Ethernet	50.0MB / 50.0MB	5/14/2019	Approved	7	Create 463
	18459001	1/22/2019	Single Eligible	Ethernet	50.0MB / 50.0MB	1/22/2019	Approved	11701	Create 463
100034206	19668561	6/12/2019	Multiple Eligible	Multiple	Multiple		Draft		Delete
100034206	19668571	6/12/2019	Single Eligible	Internet			Draft		Delete
100034206	19668531	6/12/2019	Single Eligible	Ethernet			Draft		Delete
	18456411	2/08/2019	Single Eligible	Ethernet	50.0MB / 50.0MB		Denied		Create 463





































Block 1: General Information		
1 Funding Year 2019 2 Funding Request Number (FRN): 19668561 3	HCP Number: 10202
4 Site Name/Consortium Name: Jackson County Memoria	· · · · · · · · · · · · · · · · · · ·	
Block 2: Competitive Bidding Information		
5 FCC Form 461 Application Number: 100034206		
6 Allowable Contract Selection Date (ACSD): 05/15/2019	Service Provider Selection	n Date: 05/30/2019
7 Number of vendors who bid: 6 Are you continuing	service with your current s	service provider? ⊙ Yes O No
8 Request for competitive bidding exemption (Only complete	e if claiming a competitive	bidding exemption).
☐ Annual Undiscounted Cost of \$10,000 or less		
☐ Government Master Services Agreement	Contract ID:	Friendly Name:
☐ Pre-Approved Master Services Agreement	Contract ID:	Friendly Name:
☐ Evergreen Contract	Contract ID:	Friendly Name:
☐ E-Rate Approved Contract	Contract ID:	Friendly Name:
Block 3: Vendor Information		
1430011	57	
10 Vendor name: CenturyLink Qwest Communications Co	ompany, LLC	
Block 4: Type of Funding Request		
11 Individual HCP, single eligible expense		
Individual HCP, multiple eligible expenses□ Consortium Application		
Block 5: Single Eligible Expense Request for Funding		
Is this a newly installed circuit? O Yes O No		
12 Category of Expense	1	
1 12 Category of Expense	13 Expense Type	
	13 Expense Type 14a Is this service symm	etrical? O Yes O No
14 Bandwidth	14a Is this service symm If no, what is the upload b	pandwidth
14 Bandwidth 15 Circuit ID (optional)	14a Is this service symm	pandwidth
14 Bandwidth 15 Circuit ID (optional) 16 Percentage of expense eligible	14a Is this service symm If no, what is the upload by What is the download bar	pandwidth ndwidth
14 Bandwidth 15 Circuit ID (optional) 16 Percentage of expense eligible 17 Does the Service Type include both eligible and ineligible	14a Is this service symm If no, what is the upload by What is the download bar	pandwidth ndwidth
Bandwidth Circuit ID (optional) Percentage of expense eligible Does the Service Type include both eligible and ineligible lf yes, percentage of usage eligible	14a Is this service symm If no, what is the upload by What is the download bar	pandwidth ndwidth
14 Bandwidth 15 Circuit ID (optional) 16 Percentage of expense eligible 17 Does the Service Type include both eligible and ineligible 18 Billing Account Number (BAN)	14a Is this service symm If no, what is the upload by What is the download base e components?	eandwidth ndwidth es ONo
14 Bandwidth 15 Circuit ID (optional) 16 Percentage of expense eligible 17 Does the Service Type include both eligible and ineligible 18 Billing Account Number (BAN) 19 Contract ID	14a Is this service symmolif no, what is the upload by What is the download base components? O Yellond 19a Date contract signed	es ONo End
14 Bandwidth 15 Circuit ID (optional) 16 Percentage of expense eligible 17 Does the Service Type include both eligible and ineligible 18 Billing Account Number (BAN) 19 Contract ID 19b Expected service start date	14a Is this service symmolif no, what is the upload by What is the download bare components? 19a Date contract signed 19c Length of initial contract	es ONo End End End
14 Bandwidth 15 Circuit ID (optional) 16 Percentage of expense eligible 17 Does the Service Type include both eligible and ineligible lf yes, percentage of usage eligible 18 Billing Account Number (BAN) 19 Contract ID 19b Expected service start date 19d Number of contract extensions	14a Is this service symmolif no, what is the upload by What is the download base components? 19a Date contract signed 19c Length of initial contents 19e Length of optional expenses 19c Leng	es ONo End End End End Reterm Ktension(s) combined
14 Bandwidth 15 Circuit ID (optional) 16 Percentage of expense eligible 17 Does the Service Type include both eligible and ineligible 18 Billing Account Number (BAN) 19 Contract ID 19b Expected service start date 19d Number of contract extensions If this is a multi-year contract, would you like this contract	14a Is this service symmolif no, what is the upload by What is the download base components? 19a Date contract signed 19c Length of initial contents 19e Length of optional expenses 19c Leng	es ONo End End End End Reterm Ktension(s) combined
14 Bandwidth 15 Circuit ID (optional) 16 Percentage of expense eligible 17 Does the Service Type include both eligible and ineligible of usage eligible o	14a Is this service symmolif no, what is the upload by What is the download base components? 19a Date contract signed 19c Length of initial contents 19e Length of optional expenses 19c Leng	es ONo End End End End Reterm Ktension(s) combined
14 Bandwidth 15 Circuit ID (optional) 16 Percentage of expense eligible 17 Does the Service Type include both eligible and ineligible If yes, percentage of usage eligible 18 Billing Account Number (BAN) 19 Contract ID 19b Expected service start date 19d Number of contract extensions If this is a multi-year contract, would you like this contract 20 Circuit start location Address Line 1	14a Is this service symmolif no, what is the upload by What is the download base components? 19a Date contract signed 19c Length of initial contents 19e Length of optional expenses 19c Leng	es ONo End End End End Reterm Ktension(s) combined
14 Bandwidth 15 Circuit ID (optional) 16 Percentage of expense eligible 17 Does the Service Type include both eligible and ineligible of usage eligible o	14a Is this service symmolif no, what is the upload by What is the download bare components? 19a Date contract signed 19c Length of initial cont 19e Length of optional expressions are viewed for evergreen energy and the service of	es ONo I End ract term ktension(s) combined dorsement? O Yes O No
14 Bandwidth 15 Circuit ID (optional) 16 Percentage of expense eligible 17 Does the Service Type include both eligible and ineligible of usage eligible 18 Billing Account Number (BAN) 19 Contract ID 19b Expected service start date 19d Number of contract extensions If this is a multi-year contract, would you like this contract 20 Circuit start location Address Line 1 Address Line 2 City	14a Is this service symmolif no, what is the upload by What is the download base components? 19a Date contract signed 19c Length of initial contents 19e Length of optional expenses 19c Leng	es ONo End End End End Reterm Ktension(s) combined
14 Bandwidth 15 Circuit ID (optional) 16 Percentage of expense eligible 17 Does the Service Type include both eligible and ineligible of usage eligible o	14a Is this service symmolif no, what is the upload by What is the download bare components? 19a Date contract signed 19c Length of initial cont 19e Length of optional expressions are viewed for evergreen energy and the service of	es ONo I End ract term ktension(s) combined dorsement? O Yes O No
14 Bandwidth 15 Circuit ID (optional) 16 Percentage of expense eligible 17 Does the Service Type include both eligible and ineligible of usage eligible of usage eligible. 18 Billing Account Number (BAN) 19 Contract ID 19b Expected service start date 19d Number of contract extensions If this is a multi-year contract, would you like this contract 20 Circuit start location Address Line 1 Address Line 2 City 21 Circuit end location Address Line 1	14a Is this service symmolif no, what is the upload by What is the download bare components? 19a Date contract signed 19c Length of initial cont 19e Length of optional expressions are viewed for evergreen energy and the service of	es ONo I End ract term ktension(s) combined dorsement? O Yes O No
14 Bandwidth 15 Circuit ID (optional) 16 Percentage of expense eligible 17 Does the Service Type include both eligible and ineligible of usage eligible o	14a Is this service symmolif no, what is the upload by What is the download bare components? 19a Date contract signed 19c Length of initial cont 19e Length of optional expressions are viewed for evergreen energy and the service of	es ONo I End ract term ktension(s) combined dorsement? O Yes O No

22	Is this a multi-year funding request? O Yes O No	Multi-year commitments cannot exceed 3 funding years and may not extend beyond the expiration date of an Evergreen Contract.
23	Expense frequency	24 Quantity of expense periods
25	Undiscounted cost per expense period	
26	Source of HCP contribution	
27	One-time installation charges	
28	This contract contains a Service Level Agreement.	O Yes O No
	If yes, provide the following information concerning the SLA in the contract: a. Latency: c. Packet Los	b. Jitter: s: d. Reliability:
	USAC Internal Use Only	
	Funding Start Date	Funding End Date
Blo	ock 6: Multiple Eligible Expenses and Consortium Re	quests for Funding (attach Network Cost Worksheet)
29	Total undiscounted cost for eligible recurring expenses	\$20,344.44
30	Total undiscounted cost for eligible non-recurring expens	ses \$0.00
Blo	ock 7: Additional Documentation	
31		ntract, etc.) that is required to be submitted with this form.
	Type of Documentation	
	a.	
	b.	
	C.	
Blo	ock 8: Request for Confidentiality	
		O Yes No
Blo	ock 9: Certification	O Yes ● No
Blo		ized to submit this request on behalf of the healthcare
	I certify under penalty of perjury that I am author provider or consortium. I declare under penalty of perjury that I have expenses.	
33	I certify under penalty of perjury that I am author provider or consortium. I declare under penalty of perjury that I have example the my knowledge, information, and belief, all informative and correct. I certify under penalty of perjury that the healthcat and selected the most cost-effective method of paservice" is defined as the "method that costs the	ized to submit this request on behalf of the healthcare camined this request and attachments and to the best of nation contained in this request and in any attachments is are provider or consortium has considered all bids received providing the requested services. The "most cost-effective least after consideration of the features, quality of the healthcare provider deems relevant to choosing a method
33	I certify under penalty of perjury that I am author provider or consortium. I declare under penalty of perjury that I have exmy knowledge, information, and belief, all informative and correct. I certify under penalty of perjury that the healthcat and selected the most cost-effective method of pervice is defined as the "method that costs the transmission, reliability, and other factors that the of providing the required health care services." 4	ized to submit this request on behalf of the healthcare camined this request and attachments and to the best of nation contained in this request and in any attachments is are provider or consortium has considered all bids received providing the requested services. The "most cost-effective least after consideration of the features, quality of the healthcare provider deems relevant to choosing a method 7 C.F.R. § 54.642(c).
33 34 35	X I certify under penalty of perjury that I am author provider or consortium. X I declare under penalty of perjury that I have example the most correct. I certify under penalty of perjury that the healthcat and selected the most cost-effective method of particles are service is defined as the "method that costs the transmission, reliability, and other factors that the of providing the required health care services." 4 X I certify under penalty of perjury that all Healthcat program purposes for which support is intended.	ized to submit this request on behalf of the healthcare camined this request and attachments and to the best of nation contained in this request and in any attachments is are provider or consortium has considered all bids received providing the requested services. The "most cost-effective least after consideration of the features, quality of the healthcare provider deems relevant to choosing a method of C.F.R. § 54.642(c). The connect Fund support will be used only for the eligible of the not requesting support for the same service from
33 34 35 36	X I certify under penalty of perjury that I am author provider or consortium. I declare under penalty of perjury that I have exmy knowledge, information, and belief, all informative and correct. I certify under penalty of perjury that the healthcat and selected the most cost-effective method of particles is defined as the "method that costs the transmission, reliability, and other factors that the of providing the required health care services." 4 X I certify under penalty of perjury that all Healthcat program purposes for which support is intended. X I certify that the healthcare provider or consortium both the Telecommunications Program and the I certify that the healthcare provider or consortium the Telecommunications Act of 1996, as amended.	ized to submit this request on behalf of the healthcare camined this request and attachments and to the best of nation contained in this request and in any attachments is are provider or consortium has considered all bids received providing the requested services. The "most cost-effective least after consideration of the features, quality of the healthcare provider deems relevant to choosing a method of C.F.R. § 54.642(c). The connect Fund support will be used only for the eligible of the not requesting support for the same service from
33 34 35 36 37	I certify under penalty of perjury that I am author provider or consortium. I declare under penalty of perjury that I have exmy knowledge, information, and belief, all informative and correct. I certify under penalty of perjury that the healthcat and selected the most cost-effective method of particles is defined as the "method that costs the transmission, reliability, and other factors that the of providing the required health care services." 4 I certify under penalty of perjury that all Healthcat program purposes for which support is intended. I certify that the healthcare provider or consortium both the Telecommunications Program and the I certify that the healthcare provider or consortium the Telecommunications Act of 1996, as amendating any letter from the Administrator that erroneously subject to rescission.	ized to submit this request on behalf of the healthcare camined this request and attachments and to the best of nation contained in this request and in any attachments is are provider or consortium has considered all bids received providing the requested services. The "most cost-effective least after consideration of the features, quality of the healthcare provider deems relevant to choosing a method of C.F.R. § 54.642(c). The Connect Fund support will be used only for the eligible of the interesting support for the same service from the healthcare Connect Fund. The satisfies all of the requirements under Section 254 of ed, and applicable Commission rules, and understand that

41 Signature	42 Date		
43 Printed Name Shannon D. Tice	44 Title/Position Sr. Account Manager		
45 Phone 580-559-8326 Ext. 8316	46 Email stice@kelloggllc.com		
47 Employer Kellogg & Sovereign Consulting, LLC	48 Employer's FCC RN 0011542313		

FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT

Part 54 of the Federal Communications Commission's (FCC) rules authorize the FCC to collect the information requested in this form. Responses to the questions herein are required to obtain the benefits sought by this form. Failure to provide all requested information will delay processing or result in the form being returned without action. Information requested by this form will be available for public inspection. The information provided will be used to determine whether approving this request is in the public interest.

We have estimated that each response to this collection of information will take 2 hours. Our estimate includes the time to read the instructions, look through existing records, gather and maintain the required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Paperwork Reduction Project (3060-0804), Washington, DC 20554. We will also accept your comments via the Internet if your send them to pra@fcc.gov. Please DO NOT SEND COMPLETED APPLICATIONS TO THIS ADDRESS.

Remember — you are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0804.



Logout

HCP Name: Jackson County Memorial Hospital

HCP Number: 10202

RURAL HEALTH CARE

Return to My Forms

Signature					Preview PDF 🔞 Form Guid
Please note that the funding request filing period. To save a draft of this form, please					Color Philipping Color at C. Carrier and C. Carrier
46 Email	stice@kelloggllc.com				
43 Printed Name of Authorized Person	First Name:	Middle Initial:	Last Name:		
	Shannon	D	Tice		
44 Title/Position of Authorized Person	Sr. Account Manager				
45 Phone	580-559-8326		Ext.	8316	
47 Employer	Kellogg & Sovereign C	onsulting, LLC			
48 Employer's FCC RN	0011542313				
Signing on behalf of: *	Dena Daniel				¥



Logout

HCP Name: Jackson County Memorial Hospital

HCP Number: 10202

RURAL HEALTH CARE

Return to My HCPs

Form 460 Form 461 Form 462 Form 463 Documents

Click the 'Substitution' button to view approved 462s and submit site and service substitutions. You can select expense items to modify and create new expense items on one FRN at a time. Refer to the approved NCW by downloading the excel file as a reference to aid you during this process. Note that total funding on an FRN cannot increase above the original commitment amount. For more information, watch the site and service substitution <u>demonstration video</u> or review the <u>guide</u>. Expense items included on submitted or draft 463s are not available for modification until USAC processes them, and expense items included in substitutions are not available for invoicing on the 463 until USAC processes the substitution.

Substitution

461 App #	FRN	Last Edited	Type of Funding Request	Expense Type	Bandwidth (Download/Upload)	FCL Issuance Date	Status	Download	Actions Available
100009034	15737821	5/02/2019	Single Eligible	Ethernet	50.0MB / 50.0MB	5/14/2019	Approved	7	Create 463
1	18459001	1/22/2019	Single Eligible	Ethernet	50.0MB / 50.0MB	1/22/2019	Approved	T STAN	Create 463
100034206	19668561	6/12/2019	Multiple Eligible	Multiple	Multiple		Draft		Delete
100034206	19668571	6/12/2019	Single Eligible	Internet			Draft		Delete
100034206	19668531	6/12/2019	Single Eligible	Ethernet			Draft		Delete
	18456411	2/08/2019	Single Eligible	Ethernet	50.0MB / 50.0MB		Denied		Create 463







































Memorial Hospital of Stilwell (HCP #15217)

Block 1: General Information		
1 Funding Year <u>2019</u> 2 Funding Request Number ((FRN): 19668121 3	HCP Number: 15217
4 Site Name/Consortium Name: Memorial Hospital of Stilv	vell	
Block 2: Competitive Bidding Information		
5 FCC Form 461 Application Number: 100033496		
6 Allowable Contract Selection Date (ACSD): 04/10/2019	Service Provider Selection	n Date: 04/11/2019
7 Number of vendors who bid: 1 Are you continuing	service with your current s	service provider? ⊙ Yes O No
8 Request for competitive bidding exemption (Only complete	te if claiming a competitive	bidding exemption).
☐ Annual Undiscounted Cost of \$10,000 or less		
☐ Government Master Services Agreement	Contract ID:	Friendly Name:
☐ Pre-Approved Master Services Agreement	Contract ID:	Friendly Name:
☑ Evergreen Contract	Contract ID: 1171900	Friendly Name: MHST Windstream 100 Mbr s Ex
☐ E-Rate Approved Contract	Contract ID:	Friendly Name:
Block 3: Vendor Information		
1430307	766	
10 Vendor name: Windstream Communications, LLC		
Block 4: Type of Funding Request		
11 🗵 Individual HCP, single eligible expense		
☐ Individual HCP, multiple eligible expenses	e 25) I Inloaded document:	MHST_Windstream 100 Mbps_Re
☐ Consortium Application (Lin Block 5: Single Eligible Expense Request for Funding	e 25) Opioaded document.	WilloT_Willdstream 100 Wbps_rte
Is this a newly installed circuit?		
12 Category of Expense Leased/Tariffed Facilities or Services	13 Expense Type Inter	net
14 Bandwidth 100.0 Mbps	14a Is this service symm	
· · · · · · · · · · · · · · · · · · ·	If no, what is the upload b	
15 Circuit ID (optional)	What is the download bar	ndwidth
16 Percentage of expense eligible 100.0		
17 Does the Service Type include both eligible and ineligible	e components?	es No
If yes, percentage of usage eligible		
18 Billing Account Number (BAN)		
19 Contract ID 1171900	19a Date contract signed	
19b Expected service start date 07/01/2019	19c Length of initial cont	
19d Number of contract extensions 0	1 ,	xtension(s) combined 0 Month(s)
If this is a multi-year contract, would you like this contract	reviewed for evergreen en	dorsement? ○ Yes • No
20 Circuit start location		
Address Line 1 1401 West Locust Street		
Address Line 2 P.O. Box 272		
City Stilwell	State OK	Zip Code 74960-3217
21 Circuit end location		
Address Line 1		
Address Line 2		
City	State	Zip Code

22		Multi-year commitments cannot exceed 3 funding years and may not extend beyond the expiration date of an Evergreen Contract.
23	Expense frequency Monthly	24 Quantity of expense periods 4.96667
25	Undiscounted cost per expense period \$2,412.50	
26	Source of HCP contribution Eligible HCP participant, State	grants, funding, or appropriations
27	One-time installation charges \$0.00	
28	This contract contains a Service Level Agreement.	○ Yes • No
	If yes, provide the following information a. Latency: concerning the SLA in the contract: c. Packet Loss	b. Jitter: d. Reliability:
	USAC Internal Use Only	
	Funding Start Date	Funding End Date
Blo	ock 6: Multiple Eligible Expenses and Consortium Req	uests for Funding (attach Network Cost Worksheet)
29	Total undiscounted cost for eligible recurring expenses	
30	Total undiscounted cost for eligible non-recurring expense	es
Blo	ock 7: Additional Documentation	
31	List all supporting documentation (Competitive bids, Conf	tract, etc.) that is required to be submitted with this form.
	Type of Documentation	
	a. OTHER (MHST Evergreen Transfer Memo) Docu	ment: MHST Evergreen Transfer Memo.pdf
	b.	
	C.	
Blo	ock 8: Request for Confidentiality	
		O Yes ⊙ No
	ock 9: Certification	
Blo 33	I certify under penalty of perjury that I am authorize provider or consortium.	red to submit this request on behalf of the healthcare
	I certify under penalty of perjury that I am authorize provider or consortium. I declare under penalty of perjury that I have example the my knowledge, information, and belief, all information and correct.	red to submit this request on behalf of the healthcare amined this request and attachments and to the best of ation contained in this request and in any attachments is
33	I certify under penalty of perjury that I am authorize provider or consortium. I declare under penalty of perjury that I have example to the perjury that I have example to the penalty of perjury that I have example true and correct. I certify under penalty of perjury that the healthcar and selected the most cost-effective method of preservice" is defined as the "method that costs the least costs the least costs.	red to submit this request on behalf of the healthcare amined this request and attachments and to the best of ation contained in this request and in any attachments is re provider or consortium has considered all bids received oviding the requested services. The "most cost-effective east after consideration of the features, quality of healthcare provider deems relevant to choosing a method
33	I certify under penalty of perjury that I am authorize provider or consortium. I declare under penalty of perjury that I have example the period of perjury that I have example the penalty of perjury that I have example the penalty of perjury that the healthcar and correct. I certify under penalty of perjury that the healthcar and selected the most cost-effective method of providing is defined as the "method that costs the lettransmission, reliability, and other factors that the of providing the required health care services." 47	red to submit this request on behalf of the healthcare amined this request and attachments and to the best of ation contained in this request and in any attachments is re provider or consortium has considered all bids received oviding the requested services. The "most cost-effective east after consideration of the features, quality of healthcare provider deems relevant to choosing a method
33 34 35	I certify under penalty of perjury that I am authorize provider or consortium. I declare under penalty of perjury that I have example the provider of perjury that I have example true and correct. I certify under penalty of perjury that the healthcar and selected the most cost-effective method of providing the required health care services." 47 I certify under penalty of perjury that all Healthcare program purposes for which support is intended.	red to submit this request on behalf of the healthcare amined this request and attachments and to the best of ation contained in this request and in any attachments is re provider or consortium has considered all bids received oviding the requested services. The "most cost-effective east after consideration of the features, quality of healthcare provider deems relevant to choosing a method C.F.R. § 54.642(c).
33 34 35	I certify under penalty of perjury that I am authorize provider or consortium. I declare under penalty of perjury that I have example knowledge, information, and belief, all information and correct. I certify under penalty of perjury that the healthcar and selected the most cost-effective method of providing the required health care services." 47 I certify under penalty of perjury that all Healthcar program purposes for which support is intended. I certify that the healthcare provider or consortium both the Telecommunications Program and the Healthcare provider or consortium the Telecommunications Act of 1996, as amended.	red to submit this request on behalf of the healthcare amined this request and attachments and to the best of ation contained in this request and in any attachments is re provider or consortium has considered all bids received oviding the requested services. The "most cost-effective east after consideration of the features, quality of healthcare provider deems relevant to choosing a method C.F.R. § 54.642(c).
33 34 35 36 37	I certify under penalty of perjury that I am authorize provider or consortium. I declare under penalty of perjury that I have example knowledge, information, and belief, all information and correct. I certify under penalty of perjury that the healthcare and selected the most cost-effective method of providing the required health care services." 47 I certify under penalty of perjury that all Healthcare program purposes for which support is intended. I certify that the healthcare provider or consortium both the Telecommunications Program and the House the Telecommunications Act of 1996, as amended any letter from the Administrator that erroneously subject to rescission.	red to submit this request on behalf of the healthcare amined this request and attachments and to the best of ation contained in this request and in any attachments is re provider or consortium has considered all bids received oviding the requested services. The "most cost-effective east after consideration of the features, quality of healthcare provider deems relevant to choosing a method C.F.R. § 54.642(c). The Connect Fund support will be used only for the eligible in is not requesting support for the same service from ealthcare Connect Fund. The satisfies all of the requirements under Section 254 of commits funds for the benefit of the applicant may be

41 Signature	42 Date		
43 Printed Name Shannon D. Tice	44 Title/Position Sr. Account Manager		
45 Phone 580-559-8326 Ext. 8316	46 Email stice@kelloggllc.com		
47 Employer Kellogg & Sovereign Consulting, LLC	48 Employer's FCC RN 0011542313		

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We have estimated that each response to this collection of information will take 2 hours. Our estimate includes the time to read the instructions, look through existing records, gather and maintain the required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Paperwork Reduction Project (3060-0804), Washington, DC 20554. We will also accept your comments via the Internet if your send them to pra@fcc.gov. Please DO NOT SEND COMPLETED APPLICATIONS TO THIS ADDRESS.

Remember — you are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0804.



Logout

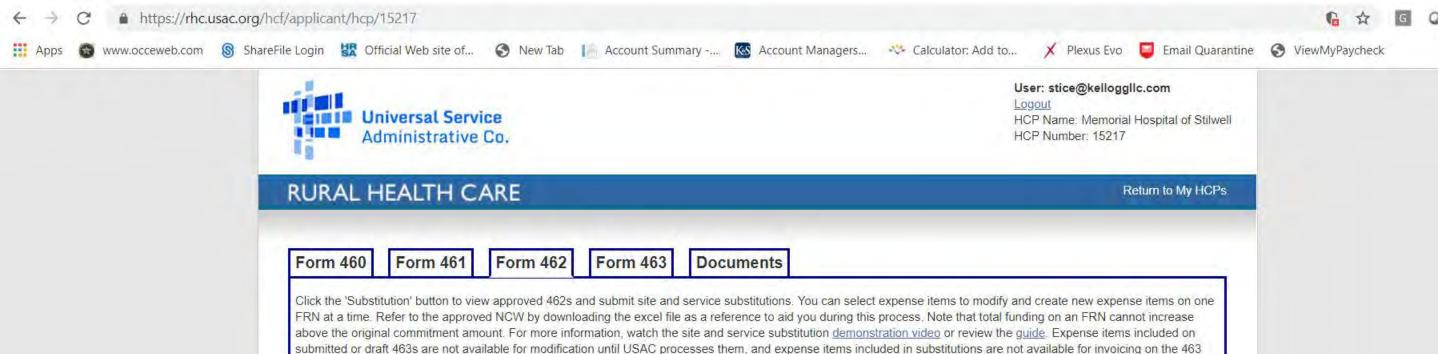
HCP Name: Memorial Hospital of Stilwe

HCP Number: 15217

RURAL HEALTH CARE

Return to My Forms

Signature			X	Preview NCW	Preview PDF Form Gu
Please note that the funding request filing period. To save a draft of this form, please				And the second s	
46 Email	stice@kelloggllc.com				
43 Printed Name of Authorized Person	First Name:	Middle Initial:	Last Name:		
	Shannon	D	Tice		
44 Title/Position of Authorized Person	Sr. Account Manager				
45 Phone	580-559-8326		Ext.	8316	
47 Employer	Kellogg & Sovereign C	Consulting, LLC			
48 Employer's FCC RN	0011542313				
Signing on behalf of: *	Alan L Adams			*	



















until USAC processes the substitution.

100033496 19668121 6/08/2019

100033496 19668131 6/10/2019

Substitution

461 App #







Single Eligible

Multiple Eligible





Internet

Multiple





Last Edited Type of Funding Request Expense Type Bandwidth (Download/Upload) FCL Issuance Date Status Download

Multiple











Actions

Available

Delete

Delete

Draft

Draft

Block 1: General Information					
1 Funding Year 2019 2 Funding Request Number (· · · · · · · · · · · · · · · · · · ·	HCP Number: 15217			
4 Site Name/Consortium Name: Memorial Hospital of Stilv	vell				
Block 2: Competitive Bidding Information					
5 FCC Form 461 Application Number: 100033496					
6 Allowable Contract Selection Date (ACSD): 04/10/2019 Service Provider Selection Date: 05/30/2019					
7 Number of vendors who bid: 2 Are you continuing	service with your current	service provider? O Yes O No			
8 Request for competitive bidding exemption (Only complet	e if claiming a competitive	bidding exemption).			
☐ Annual Undiscounted Cost of \$10,000 or less					
☐ Government Master Services Agreement	Contract ID:	Friendly Name:			
☐ Pre-Approved Master Services Agreement	Contract ID:	Friendly Name:			
☐ Evergreen Contract	Contract ID:	Friendly Name:			
☐ E-Rate Approved Contract	Contract ID:	Friendly Name:			
Block 3: Vendor Information					
1430152	254				
10 Vendor name: OneNet (Oklahoma State Regents)					
Block 4: Type of Funding Request					
11 ☐ Individual HCP, single eligible expense					
■ Individual HCP, multiple eligible expenses					
☐ Consortium Application					
Block 5: Single Eligible Expense Request for Funding					
Is this a newly installed circuit? O Yes O No	1				
12 Category of Expense	13 Expense Type				
14 Bandwidth	14a Is this service symn				
15 Circuit ID (optional)	If no, what is the upload What is the download ba				
16 Percentage of expense eligible	Wilat is the download ba				
17 Does the Service Type include both eligible and ineligible	e components?	′es			
If yes, percentage of usage eligible	e components: 0 i	65 0110			
18 Billing Account Number (BAN)					
19 Contract ID	19a Date contract signe	d End			
19b Expected service start date	19c Length of initial con				
19d Number of contract extensions					
	19e Length of optional e	extension(s) combined			
If this is a multi-year contract, would you like this contract	19e Length of optional e	extension(s) combined			
If this is a multi-year contract, would you like this contract 20 Circuit start location	19e Length of optional e	extension(s) combined			
If this is a multi-year contract, would you like this contract 20 Circuit start location Address Line 1	19e Length of optional e	extension(s) combined			
If this is a multi-year contract, would you like this contract 20 Circuit start location Address Line 1 Address Line 2	19e Length of optional ereviewed for evergreen er	extension(s) combined odorsement? O Yes O No			
If this is a multi-year contract, would you like this contract 20 Circuit start location Address Line 1 Address Line 2 City	19e Length of optional e	extension(s) combined			
If this is a multi-year contract, would you like this contract 20 Circuit start location Address Line 1 Address Line 2 City 21 Circuit end location	19e Length of optional ereviewed for evergreen er	extension(s) combined odorsement? O Yes O No			
If this is a multi-year contract, would you like this contract 20 Circuit start location Address Line 1 Address Line 2 City 21 Circuit end location Address Line 1	19e Length of optional ereviewed for evergreen er	extension(s) combined odorsement? O Yes O No			
If this is a multi-year contract, would you like this contract 20 Circuit start location Address Line 1 Address Line 2 City 21 Circuit end location	19e Length of optional ereviewed for evergreen er	extension(s) combined odorsement? O Yes O No			

22	Is this a multi-year funding request? O Yes O No	Multi-year commitments cannot exceed 3 funding years and may not extend beyond the expiration date of an Evergreen Contract.
23	Expense frequency	24 Quantity of expense periods
25	Undiscounted cost per expense period	
26	Source of HCP contribution	
27	One-time installation charges	
28	This contract contains a Service Level Agreement.	O Yes O No
	If yes, provide the following information concerning the SLA in the contract: a. Latency: c. Packet Los	b. Jitter: s: d. Reliability:
	USAC Internal Use Only	
	Funding Start Date	Funding End Date
Blo	ock 6: Multiple Eligible Expenses and Consortium Re	quests for Funding (attach Network Cost Worksheet)
29	Total undiscounted cost for eligible recurring expenses	\$15,960.00
30	Total undiscounted cost for eligible non-recurring expens	ses \$3,500.00
Blo	ock 7: Additional Documentation	
31	List all supporting documentation (Competitive bids, Con	ntract, etc.) that is required to be submitted with this form.
	Type of Documentation	
	a.	
	b.	
	C.	
Blo	ock 8: Request for Confidentiality	
		O Van O Na
		○ Yes • No
	ock 9: Certification	
Blo	I certify under penalty of perjury that I am author provider or consortium.	zed to submit this request on behalf of the healthcare
	I certify under penalty of perjury that I am author provider or consortium. I declare under penalty of perjury that I have expenses.	
33	I certify under penalty of perjury that I am author provider or consortium. I declare under penalty of perjury that I have example the my knowledge, information, and belief, all informative and correct. I certify under penalty of perjury that the healthcat and selected the most cost-effective method of paservice" is defined as the "method that costs the	zed to submit this request on behalf of the healthcare camined this request and attachments and to the best of nation contained in this request and in any attachments is are provider or consortium has considered all bids received providing the requested services. The "most cost-effective least after consideration of the features, quality of the healthcare provider deems relevant to choosing a method
33	I certify under penalty of perjury that I am author provider or consortium. I declare under penalty of perjury that I have exmy knowledge, information, and belief, all informative and correct. I certify under penalty of perjury that the healthcat and selected the most cost-effective method of perservice" is defined as the "method that costs the transmission, reliability, and other factors that the of providing the required health care services." 4	zed to submit this request on behalf of the healthcare camined this request and attachments and to the best of nation contained in this request and in any attachments is are provider or consortium has considered all bids received providing the requested services. The "most cost-effective least after consideration of the features, quality of the healthcare provider deems relevant to choosing a method
33 34 35	X I certify under penalty of perjury that I am author provider or consortium. X I declare under penalty of perjury that I have example information, and belief, all information true and correct. I certify under penalty of perjury that the healthcat and selected the most cost-effective method of particles is defined as the "method that costs the transmission, reliability, and other factors that the of providing the required health care services." 4 X I certify under penalty of perjury that all Healthcat program purposes for which support is intended.	zed to submit this request on behalf of the healthcare camined this request and attachments and to the best of nation contained in this request and in any attachments is are provider or consortium has considered all bids received providing the requested services. The "most cost-effective least after consideration of the features, quality of the healthcare provider deems relevant to choosing a method of C.F.R. § 54.642(c). The Connect Fund support will be used only for the eligible of the interest of the same service from
33 34 35 36	X I certify under penalty of perjury that I am author provider or consortium. I declare under penalty of perjury that I have exmy knowledge, information, and belief, all informative and correct. I certify under penalty of perjury that the healthcat and selected the most cost-effective method of paservice" is defined as the "method that costs the transmission, reliability, and other factors that the of providing the required health care services." 4 X I certify under penalty of perjury that all Healthcat program purposes for which support is intended. X I certify that the healthcare provider or consortium both the Telecommunications Program and the I certify that the healthcare provider or consortium the Telecommunications Act of 1996, as amended.	zed to submit this request on behalf of the healthcare camined this request and attachments and to the best of nation contained in this request and in any attachments is are provider or consortium has considered all bids received providing the requested services. The "most cost-effective least after consideration of the features, quality of the healthcare provider deems relevant to choosing a method of C.F.R. § 54.642(c). The Connect Fund support will be used only for the eligible of the interest of the same service from
33 34 35 36 37	I certify under penalty of perjury that I am author provider or consortium. I declare under penalty of perjury that I have exmy knowledge, information, and belief, all informative and correct. I certify under penalty of perjury that the healthcate and selected the most cost-effective method of perservice is defined as the "method that costs the transmission, reliability, and other factors that the of providing the required health care services." 4 I certify under penalty of perjury that all Healthcate program purposes for which support is intended. I certify that the healthcare provider or consortium both the Telecommunications Program and the I certify that the healthcare provider or consortium that Telecommunications Act of 1996, as amended any letter from the Administrator that erroneously subject to rescission.	zed to submit this request on behalf of the healthcare camined this request and attachments and to the best of nation contained in this request and in any attachments is are provider or consortium has considered all bids received providing the requested services. The "most cost-effective least after consideration of the features, quality of the healthcare provider deems relevant to choosing a method of C.F.R. § 54.642(c). The Connect Fund support will be used only for the eligible of the interesting support for the same service from the Healthcare Connect Fund. The satisfies all of the requirements under Section 254 of ed, and applicable Commission rules, and understand that

41 Signature	42 Date		
43 Printed Name Shannon D. Tice	44 Title/Position Sr. Account Manager		
45 Phone 580-559-8326 Ext. 8316	46 Email stice@kelloggllc.com		
47 Employer Kellogg & Sovereign Consulting, LLC	48 Employer's FCC RN 0011542313		

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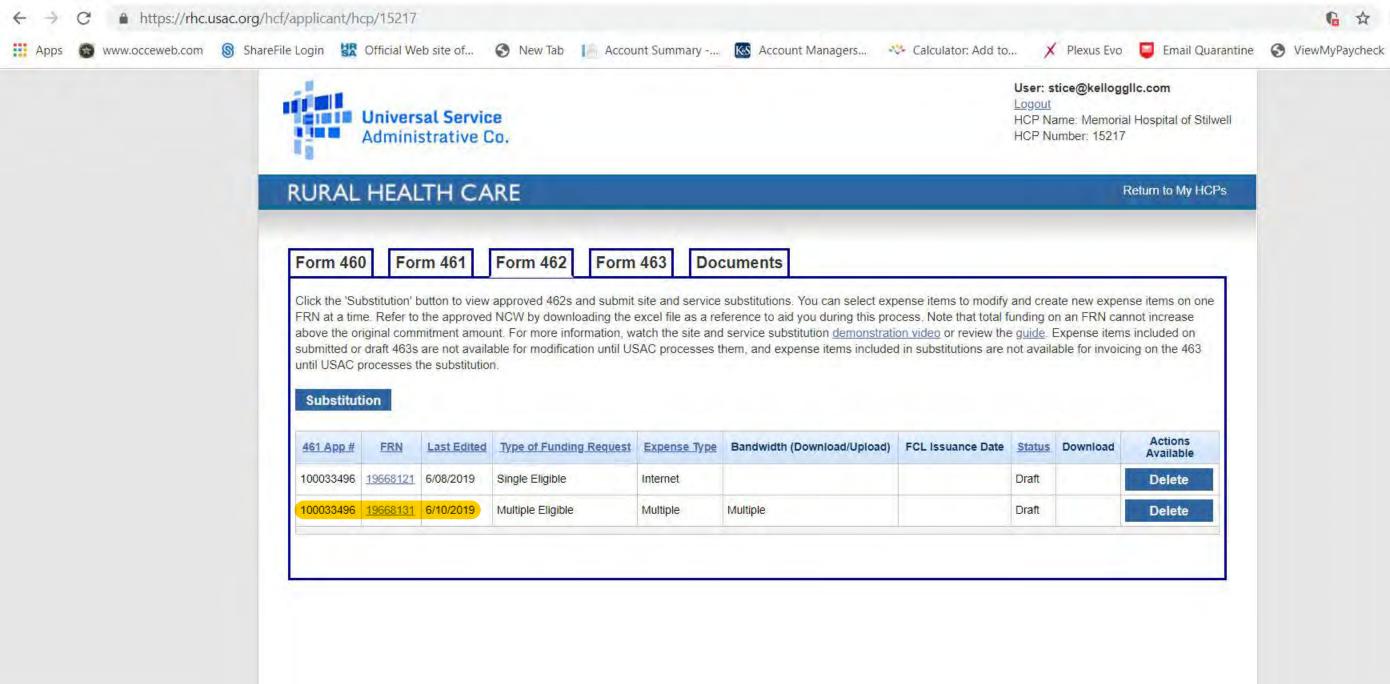
HCP Name: Memorial Hospital of Stilwe

HCP Number: 15217

RURAL HEALTH CARE

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Signature			X	Preview NCW	Preview PDF Form Gu
Please note that the funding request filing period. To save a draft of this form, please				And the second s	
46 Email	stice@kelloggllc.com				
43 Printed Name of Authorized Person	First Name:	Middle Initial:	Last Name:		
	Shannon	D	Tice		
44 Title/Position of Authorized Person	Sr. Account Manager				
45 Phone	580-559-8326		Ext.	8316	
47 Employer	Kellogg & Sovereign C	Consulting, LLC			
48 Employer's FCC RN	0011542313				
Signing on behalf of: *	Alan L Adams			*	











































JCMH - Family Care Clinic of Mangum (HCP #15862)

Block 1: General Information						
1 Funding Year 2019 2 Funding Request Number (FRN): 19668551 3	HCP Number: 15862				
4 Site Name/Consortium Name: JCMH - Family Care Clin	ic of Mangum					
Block 2: Competitive Bidding Information						
5 FCC Form 461 Application Number: 100034207						
6 Allowable Contract Selection Date (ACSD): 05/15/2019	Service Provider Selection	n Date: 05/30/2019				
7 Number of vendors who bid: 3 Are you continuing	service with your current s	service provider?				
8 Request for competitive bidding exemption (Only complet	e if claiming a competitive	bidding exemption).				
☐ Annual Undiscounted Cost of \$10,000 or less						
☐ Government Master Services Agreement	Contract ID:	Friendly Name:				
☐ Pre-Approved Master Services Agreement	Contract ID:	Friendly Name:				
☐ Evergreen Contract	Contract ID:	Friendly Name:				
☐ E-Rate Approved Contract	Contract ID:	Friendly Name:				
Block 3: Vendor Information						
1430104	84					
10 Vendor name: Cable One, Inc						
Block 4: Type of Funding Request						
11 🗵 Individual HCP, single eligible expense						
☐ Individual HCP, multiple eligible expenses	e 25) Unloaded document:	JCMH 10202_16560_15862 Cabl				
_ Constitution (e 23) Opioaded document.	3CW11 10202_10300_13002 Cabi				
Block 5: Single Eligible Expense Request for Funding Is this a newly installed circuit? Yes No						
12 Category of Expense Leased/Tariffed Facilities or Services	13 Expense Type Ethe	urnet				
14 Bandwidth 100.0 Mbps	13 Expense Type Ethe					
· ·	If no, what is the upload b					
15 Circuit ID (optional) What is the download bandwidth						
16 Percentage of expense eligible 100.0						
17 Does the Service Type include both eligible and ineligible	e components? O Ye	es • No				
If yes, percentage of usage eligible						
18 Billing Account Number (BAN)	I					
19 Contract ID 1174852	19a Date contract signed					
19b Expected service start date 07/01/2019	19c Length of initial cont					
19d Number of contract extensions 0	19e Length of optional ex	xtension(s) combined 0 Month(s)				
If this is a multi-year contract, would you like this contract	reviewed for evergreen end	dorsement?				
20 Circuit start location						
Address Line 1 114 S LOUIS TITTLE AVE						
Address Line 2						
City MANGUM	State OK	Zip Code 73554				
21 Circuit end location						
Address Line 1						
Address Line 2						
City	State	Zip Code				

22		Multi-year commitments cannot exceed 3 funding years and may not extend beyond the expiration date of an Evergreen Contract.				
23	Expense frequency Monthly	24 Quantity of expense periods 9.56667				
25	Undiscounted cost per expense period \$600.00					
26	S Source of HCP contribution Eligible HCP participant, State grants, funding, or appropriations					
27	One-time installation charges \$0.00					
28	This contract contains a Service Level Agreement.	O Yes				
	If yes, provide the following information a. Latency: concerning the SLA in the contract: c. Packet Loss:	b. Jitter: d. Reliability:				
	USAC Internal Use Only	·				
	Funding Start Date	Funding End Date				
Blo	ock 6: Multiple Eligible Expenses and Consortium Req	-				
	Total undiscounted cost for eligible recurring expenses					
	Total undiscounted cost for eligible non-recurring expense	es				
Blo	ock 7: Additional Documentation					
31	List all supporting documentation (Competitive bids, Cont	tract, etc.) that is required to be submitted with this form.				
	Type of Documentation					
	a.					
	b.					
	C.					
Blo	ock 8: Request for Confidentiality					
		6 M 6 M				
		○ Yes · • No				
	ock 9: Certification					
Blo 33	I certify under penalty of perjury that I am authoriz provider or consortium.	red to submit this request on behalf of the healthcare				
	I certify under penalty of perjury that I am authorize provider or consortium. I declare under penalty of perjury that I have example.					
33	I certify under penalty of perjury that I am authorize provider or consortium. I declare under penalty of perjury that I have example to the perjury that I have example to the perjury that I have example to the perjury that the healthcar true and correct. I certify under penalty of perjury that the healthcar and selected the most cost-effective method of preservice" is defined as the "method that costs the left to the perjury that the healthcar and selected the most cost-effective method of preservice is defined as the "method that costs the left to the perjury that I am authorize provide that I have example	ted to submit this request on behalf of the healthcare amined this request and attachments and to the best of ation contained in this request and in any attachments is re provider or consortium has considered all bids received oviding the requested services. The "most cost-effective east after consideration of the features, quality of healthcare provider deems relevant to choosing a method				
33	I certify under penalty of perjury that I am authorize provider or consortium. I declare under penalty of perjury that I have example the period of perjury that I have example the period of perjury that I have example the period of perjury that the healthcar and correct. I certify under penalty of perjury that the healthcar and selected the most cost-effective method of providing the required health care services." 47	ted to submit this request on behalf of the healthcare amined this request and attachments and to the best of ation contained in this request and in any attachments is re provider or consortium has considered all bids received oviding the requested services. The "most cost-effective east after consideration of the features, quality of healthcare provider deems relevant to choosing a method				
33 34 35	I certify under penalty of perjury that I am authorize provider or consortium. I declare under penalty of perjury that I have example the provider of perjury that I have example the provider of perjury that the healthcar and correct. I certify under penalty of perjury that the healthcar and selected the most cost-effective method of provider is defined as the "method that costs the lettransmission, reliability, and other factors that the of providing the required health care services." 47 I certify under penalty of perjury that all Healthcare program purposes for which support is intended.	red to submit this request on behalf of the healthcare amined this request and attachments and to the best of ation contained in this request and in any attachments is re provider or consortium has considered all bids received oviding the requested services. The "most cost-effective east after consideration of the features, quality of healthcare provider deems relevant to choosing a method of C.F.R. § 54.642(c).				
33 34 35 36	I certify under penalty of perjury that I am authorize provider or consortium. I declare under penalty of perjury that I have example the provider of consortium. I certify under penalty of perjury that the healthcar and selected the most cost-effective method of providing the required health care services." 47 I certify under penalty of perjury that all Healthcare program purposes for which support is intended. I certify that the healthcare provider or consortium both the Telecommunications Program and the Healthcare provider or consortium the Telecommunications Act of 1996, as amended.	red to submit this request on behalf of the healthcare amined this request and attachments and to the best of ation contained in this request and in any attachments is re provider or consortium has considered all bids received oviding the requested services. The "most cost-effective east after consideration of the features, quality of healthcare provider deems relevant to choosing a method of C.F.R. § 54.642(c).				
33 34 35 36 37	I certify under penalty of perjury that I am authorize provider or consortium. I declare under penalty of perjury that I have example the most correct. I certify under penalty of perjury that the healthcare and selected the most cost-effective method of providing the required health care services." 47 I certify under penalty of perjury that all Healthcare program purposes for which support is intended. I certify that the healthcare provider or consortium both the Telecommunications Program and the Healthcare provider or consortium the Telecommunications Act of 1996, as amended any letter from the Administrator that erroneously subject to rescission.	red to submit this request on behalf of the healthcare amined this request and attachments and to the best of ation contained in this request and in any attachments is re provider or consortium has considered all bids received oviding the requested services. The "most cost-effective east after consideration of the features, quality of healthcare provider deems relevant to choosing a method of C.F.R. § 54.642(c). The Connect Fund support will be used only for the eligible on is not requesting support for the same service from ealthcare Connect Fund. The satisfies all of the requirements under Section 254 of the digital and applicable Commission rules, and understand that commits funds for the benefit of the applicant may be				

41 Signature	42 Date		
43 Printed Name Shannon D. Tice	44 Title/Position Sr. Account Manager		
45 Phone 580-559-8326 Ext. 8316	46 Email stice@kelloggllc.com		
47 Employer Kellogg & Sovereign Consulting, LLC	48 Employer's FCC RN 0011542313		

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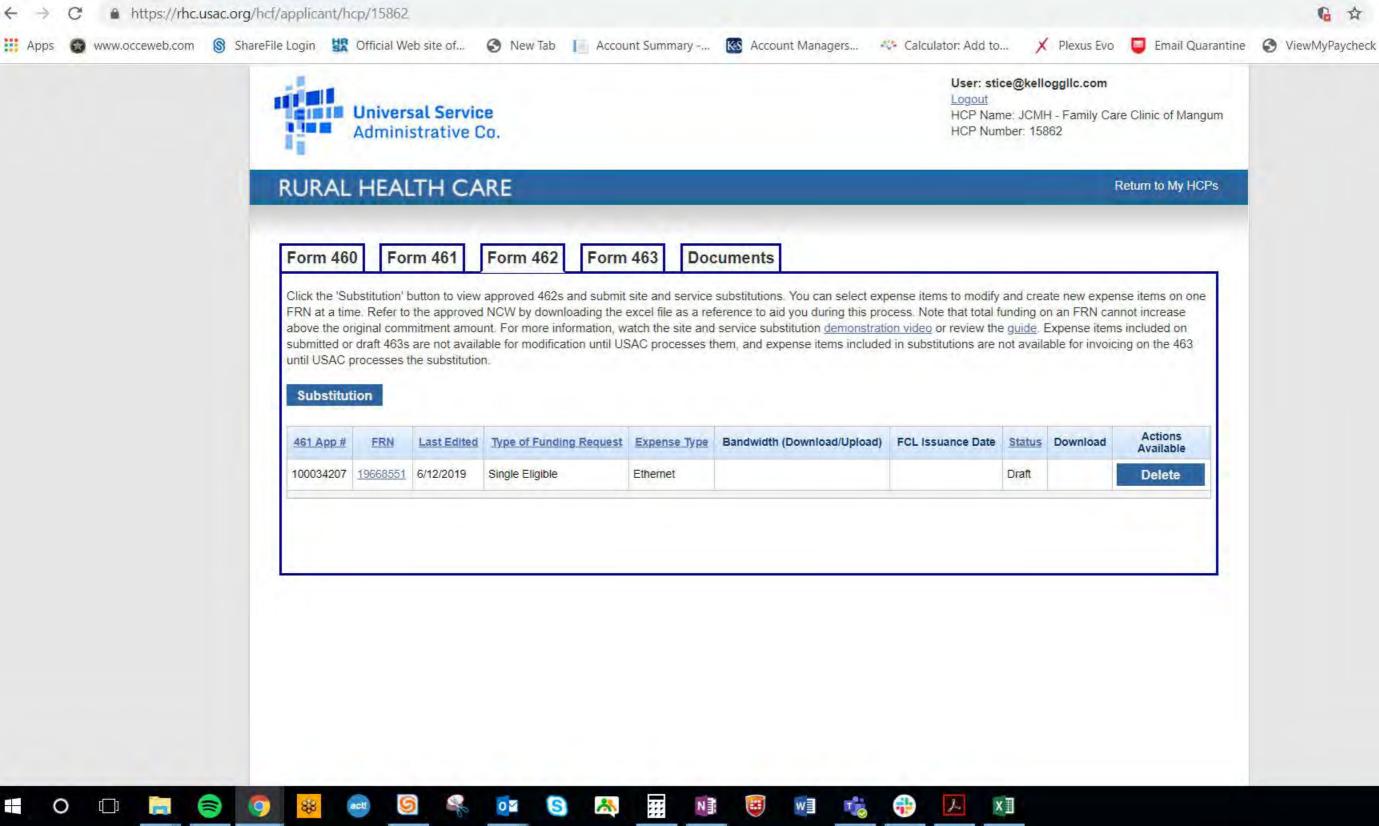
HCP Name: JCMH - Family Care Clinic of Mangum

HCP Number: 15862

RURAL HEALTH CARE

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Signature					Preview PDF 🔞 Form Guid
Please note that the funding request filing period. To save a draft of this form, please	A STATE OF THE STA	The state of the s			and the second s
46 Email	stice@kelloggllc.com				
43 Printed Name of Authorized Person	First Name:	Middle Initial:	Last Name:		
	Shannon	D	Tice		
44 Title/Position of Authorized Person	Sr. Account Manager				
45 Phone	45 Phone 580-559-8326		Ext.	8316	
47 Employer	Kellogg & Sovereign Consulting, LLC				
48 Employer's FCC RN	0011542313				
Signing on behalf of: *	Dena Daniel				





Jackson County Memorial Hospital - Counseling Center (HCP #16560)

Block 1: General Information									
1 Funding Year 2019 2 Funding Request Number (FRN): 19668541 3	HCP Number: 16560							
4 Site Name/Consortium Name: Jackson County Memorial Hospital - Counseling Center									
Block 2: Competitive Bidding Information									
5 FCC Form 461 Application Number: 100034429									
6 Allowable Contract Selection Date (ACSD): 05/16/2019 Service Provider Selection Date: 05/30/2019									
7 Number of vendors who bid: 5 Are you continuing	service with your current s	service with your current service provider? • Yes ONo							
8 Request for competitive bidding exemption (Only complete if claiming a competitive bidding exemption).									
☐ Annual Undiscounted Cost of \$10,000 or less									
☐ Government Master Services Agreement	Contract ID:	Friendly Name:							
☐ Pre-Approved Master Services Agreement	Contract ID:	Friendly Name:							
☐ Evergreen Contract	Contract ID:	Friendly Name:							
☐ E-Rate Approved Contract	Contract ID:	Friendly Name:							
Block 3: Vendor Information									
1430104	84								
10 Vendor name: Cable One, Inc									
Block 4: Type of Funding Request									
11 Individual HCP, single eligible expense									
☐ Individual HCP, multiple eligible expenses	e 25) Unloaded document:	JCMH 10202_16560_15862 Cabl							
_ Constitution (c 20) Opioadea document.	30WiT 10202_10300_13002 Gabi							
Block 5: Single Eligible Expense Request for Funding Is this a newly installed circuit? Yes No									
12 Category of Expense Leased/Tariffed Facilities or Services	13 Expense Type Ethe	ernet							
14 Bandwidth 200.0 Mbps	14a Is this service symmetrical? • Yes O No								
· ·	If no, what is the upload bandwidth								
15 Circuit ID (optional)	What is the download bandwidth								
16 Percentage of expense eligible 100.0									
17 Does the Service Type include both eligible and ineligible components? OYes No									
If yes, percentage of usage eligible									
18 Billing Account Number (BAN)									
19 Contract ID 1174851	19a Date contract signed 04/17/2017 End 04/17/2020								
19b Expected service start date 07/01/2019	19c Length of initial conti								
19d Number of contract extensions 0		19e Length of optional extension(s) combined 0 Month(s)							
If this is a multi-year contract, would you like this contract reviewed for evergreen endorsement?									
20 Circuit start location									
Address Line 1 1200 E TAMARACK RD									
Address Line 2									
City ALTUS	State OK	Zip Code 73521							
21 Circuit end location	21 Circuit end location								
Address Line 1									
Address Line 2									
City	State	Zip Code							

22	Is this a multi-year funding request? ○ Yes	Multi-year commitments cannot exceed 3 funding years and may not extend beyond the expiration date of an Evergreen Contract.
23	Expense frequency Monthly	24 Quantity of expense periods 9.56667
25	Undiscounted cost per expense period \$700.00	
26	Source of HCP contribution Eligible HCP participant, State	grants, funding, or appropriations
27	One-time installation charges \$0.00	
28	This contract contains a Service Level Agreement.	O Yes ● No
	If yes, provide the following information concerning the SLA in the contract: a. Latency: c. Packet Los	b. Jitter: s: d. Reliability:
	USAC Internal Use Only	
	Funding Start Date	Funding End Date
Blo	ock 6: Multiple Eligible Expenses and Consortium Re	quests for Funding (attach Network Cost Worksheet)
29	Total undiscounted cost for eligible recurring expenses	
30	Total undiscounted cost for eligible non-recurring expens	ses
Blo	ock 7: Additional Documentation	
31	List all supporting documentation (Competitive bids, Con	ntract, etc.) that is required to be submitted with this form.
	Type of Documentation	
	a	
	b.	
	C.	
Blo	ock 8: Request for Confidentiality	
		○ Yes
RI	ack 9: Cortification	O res © NO
	ock 9: Certification	
Blo		ized to submit this request on behalf of the healthcare
	I certify under penalty of perjury that I am author provider or consortium. I declare under penalty of perjury that I have expenses.	
33	I certify under penalty of perjury that I am author provider or consortium. I declare under penalty of perjury that I have example the my knowledge, information, and belief, all informative and correct. I certify under penalty of perjury that the healthcat and selected the most cost-effective method of particles are service, is defined as the "method that costs the"	ized to submit this request on behalf of the healthcare camined this request and attachments and to the best of nation contained in this request and in any attachments is are provider or consortium has considered all bids received providing the requested services. The "most cost-effective least after consideration of the features, quality of the healthcare provider deems relevant to choosing a method
33	I certify under penalty of perjury that I am author provider or consortium. I declare under penalty of perjury that I have exmy knowledge, information, and belief, all informative and correct. I certify under penalty of perjury that the healthcat and selected the most cost-effective method of particles is defined as the "method that costs the transmission, reliability, and other factors that the of providing the required health care services." 4	ized to submit this request on behalf of the healthcare camined this request and attachments and to the best of nation contained in this request and in any attachments is are provider or consortium has considered all bids received providing the requested services. The "most cost-effective least after consideration of the features, quality of the healthcare provider deems relevant to choosing a method
33 34 35	X I certify under penalty of perjury that I am author provider or consortium. X I declare under penalty of perjury that I have example information, and belief, all information true and correct. I certify under penalty of perjury that the healthcat and selected the most cost-effective method of particles is defined as the "method that costs the transmission, reliability, and other factors that the of providing the required health care services." 4 X I certify under penalty of perjury that all Healthcat program purposes for which support is intended.	ized to submit this request on behalf of the healthcare camined this request and attachments and to the best of nation contained in this request and in any attachments is are provider or consortium has considered all bids received providing the requested services. The "most cost-effective least after consideration of the features, quality of the healthcare provider deems relevant to choosing a method of C.F.R. § 54.642(c). The Connect Fund support will be used only for the eligible of the same service from
33 34 35 36	I certify under penalty of perjury that I am author provider or consortium. I declare under penalty of perjury that I have exmy knowledge, information, and belief, all informative and correct. I certify under penalty of perjury that the healthcat and selected the most cost-effective method of paservice" is defined as the "method that costs the transmission, reliability, and other factors that the of providing the required health care services." 4 I certify under penalty of perjury that all Healthcat program purposes for which support is intended. I certify that the healthcare provider or consortium both the Telecommunications Program and the I certify that the healthcare provider or consortium the Telecommunications Act of 1996, as amended.	ized to submit this request on behalf of the healthcare camined this request and attachments and to the best of nation contained in this request and in any attachments is are provider or consortium has considered all bids received providing the requested services. The "most cost-effective least after consideration of the features, quality of the healthcare provider deems relevant to choosing a method of C.F.R. § 54.642(c). The Connect Fund support will be used only for the eligible of the same service from
33 34 35 36 37	I certify under penalty of perjury that I am author provider or consortium. I declare under penalty of perjury that I have exmy knowledge, information, and belief, all informative and correct. I certify under penalty of perjury that the healthcate and selected the most cost-effective method of perservice is defined as the "method that costs the transmission, reliability, and other factors that the of providing the required health care services." 4 I certify under penalty of perjury that all Healthcate program purposes for which support is intended. I certify that the healthcare provider or consortium both the Telecommunications Program and the I certify that the healthcare provider or consortium that Telecommunications Act of 1996, as amended any letter from the Administrator that erroneously subject to rescission.	ized to submit this request on behalf of the healthcare camined this request and attachments and to the best of nation contained in this request and in any attachments is are provider or consortium has considered all bids received providing the requested services. The "most cost-effective least after consideration of the features, quality of the healthcare provider deems relevant to choosing a method of C.F.R. § 54.642(c). The Connect Fund support will be used only for the eligible of the interesting support for the same service from the healthcare Connect Fund. The satisfies all of the requirements under Section 254 of the ed, and applicable Commission rules, and understand that

41 Signature	42 Date		
43 Printed Name Shannon D. Tice	44 Title/Position Sr. Account Manager		
45 Phone 580-559-8326 Ext. 8316	46 Email stice@kelloggllc.com		
47 Employer Kellogg & Sovereign Consulting, LLC	48 Employer's FCC RN 0011542313		

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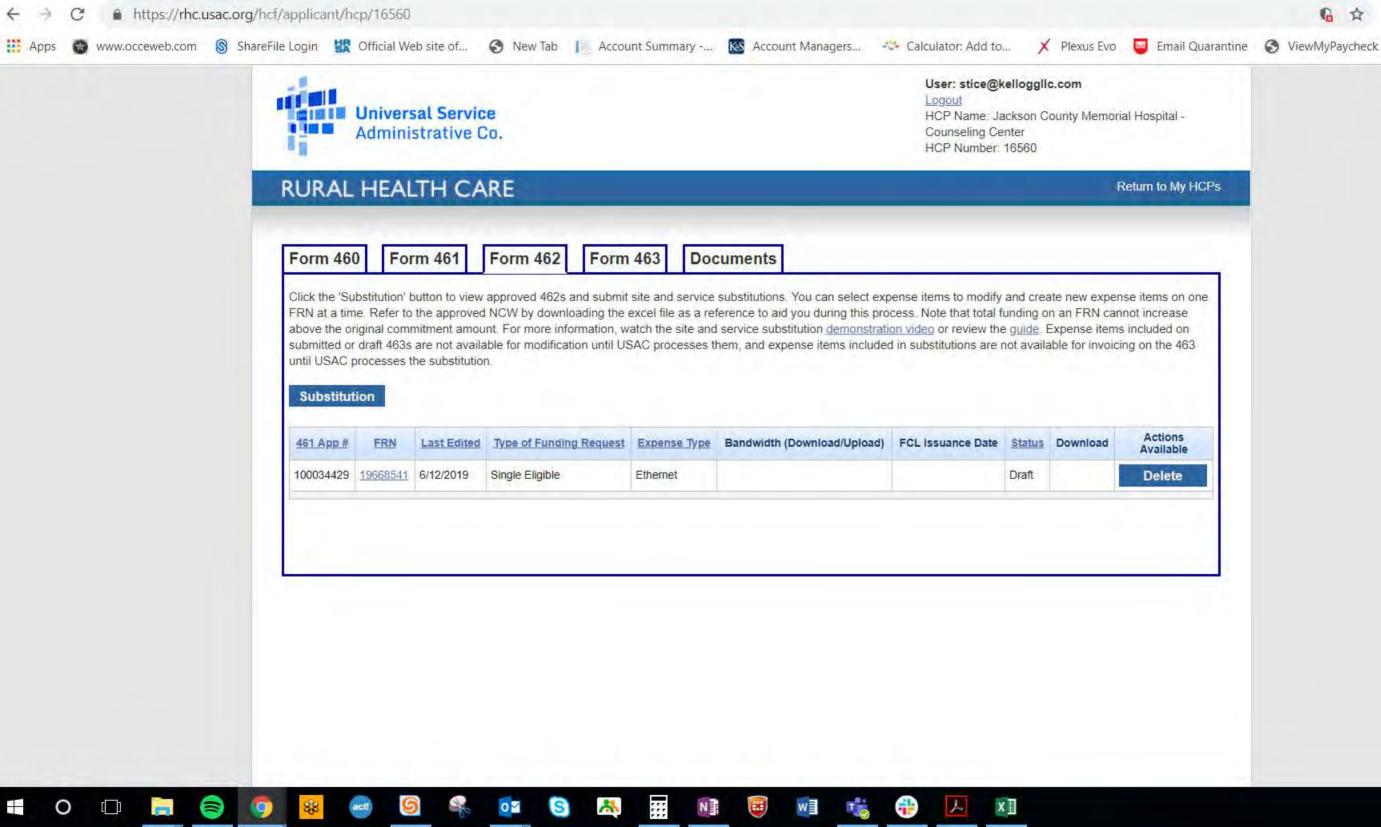
HCP Name: Jackson County Memorial Hospital -

Counseling Center HCP Number: 16560

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Signature				Preview PDF 🔞 Form Gui
lease note that the funding request filing eriod. To save a draft of this form, please			The state of the s	
46 Email	stice@kelloggllc.com			
43 Printed Name of Authorized Person	First Name:	Middle Initial:	Last Name:	
	Shannon	D	Tice	
44 Title/Position of Authorized Person	Sr. Account Manager			
45 Phone	580-559-8326		Ext. 8316	
47 Employer	Kellogg & Sovereign C	Consulting, LLC		
48 Employer's FCC RN	0011542313			
	Dena Daniel			





Variety Care, Inc. (HCP #46665)

Rural Health Care (RHC) Universal Service Healthcare Connect Fund Funding Request Form

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.

Block 1: General Information		
1 Funding Year 2019 2 Funding Request Number (FRN): 19666881 3	HCP Number: 46665
4 Site Name/Consortium Name: Variety Care, Inc.		
Block 2: Competitive Bidding Information		
5 FCC Form 461 Application Number: 100032325		
6 Allowable Contract Selection Date (ACSD): 04/18/2019	Service Provider Selection	on Date: 05/15/2019
7 Number of vendors who bid: 7 Are you continuing	service with your current	service provider? • Yes • No
8 Request for competitive bidding exemption (Only complet	e if claiming a competitive	bidding exemption).
☐ Annual Undiscounted Cost of \$10,000 or less		
☐ Government Master Services Agreement	Contract ID:	Friendly Name:
☐ Pre-Approved Master Services Agreement	Contract ID:	Friendly Name:
☐ Evergreen Contract	Contract ID:	Friendly Name:
☐ E-Rate Approved Contract	Contract ID:	Friendly Name:
Block 3: Vendor Information		
1430046	662	
10 Vendor name: Southwestern Bell Telephone Company	,	
Block 4: Type of Funding Request		
11 Individual HCP, single eligible expense		
☐ Individual HCP, multiple eligible expenses		
Block 5: Single Eligible Expense Request for Funding		
Is this a newly installed circuit? O Yes O No	I	
12 Category of Expense	13 Expense Type	
14 Bandwidth	14a Is this service symn	
15 Circuit ID (optional)	If no, what is the upload What is the download ba	
16 Percentage of expense eligible	What is the download be	
17 Does the Service Type include both eligible and ineligible	e components?	res O No
If yes, percentage of usage eligible	o componente.	50 O.10
18 Billing Account Number (BAN)		
19 Contract ID	19a Date contract signe	d End
19b Expected service start date	19c Length of initial con	
19d Number of contract extensions	19e Length of optional e	
If this is a multi-year contract, would you like this contract		()
	ieviewed ioi evergreen er	dorsement: 0 res 0 no
20 Circuit start location		
Address Line 1		
Address Line 2	04-4-	7in Oods
Address Line 2 City	State	Zip Code
Address Line 2 City 21 Circuit end location	State	Zip Code
Address Line 2 City 21 Circuit end location Address Line 1	State	Zip Code
Address Line 2 City 21 Circuit end location	State	Zip Code Zip Code

	Is this a multi-year funding request? O Yes O No	Multi-year commitments cannot exceed 3 funding years and may not extend beyond the expiration date of an Evergreen Contract.
23	Expense frequency	24 Quantity of expense periods
25	Undiscounted cost per expense period	
26	Source of HCP contribution	
27	One-time installation charges	
28	This contract contains a Service Level Agreement.	O Yes O No
	If yes, provide the following information concerning the SLA in the contract: a. Latency: c. Packet Loss	b. Jitter: c. d. Reliability:
	USAC Internal Use Only	
	Funding Start Date	Funding End Date
Blo	ock 6: Multiple Eligible Expenses and Consortium Re	quests for Funding (attach Network Cost Worksheet)
29	Total undiscounted cost for eligible recurring expenses	\$31,255.20
30	Total undiscounted cost for eligible non-recurring expens	es \$0.00
Blo	ock 7: Additional Documentation	
31	List all supporting documentation (Competitive bids, Cor	tract, etc.) that is required to be submitted with this form.
	Type of Documentation	
	a. VIABLE_SOURCE Docu	ment: VARI_35 Share_190517.pdf
	b.	
	C.	
Blo	ock 8: Request for Confidentiality	
		○ Yes
Blo	ock 9: Certification	
33		zed to submit this request on behalf of the healthcare
33	I certify under penalty of perjury that I am authori provider or consortium. I declare under penalty of perjury that I have expending the second of the sec	zed to submit this request on behalf of the healthcare amined this request and attachments and to the best of ation contained in this request and in any attachments is
	I certify under penalty of perjury that I am authori provider or consortium. I declare under penalty of perjury that I have exmy knowledge, information, and belief, all inform true and correct. I certify under penalty of perjury that the healthcat and selected the most cost-effective method of person service" is defined as the "method that costs the	ramined this request and attachments and to the best of ation contained in this request and in any attachments is are provider or consortium has considered all bids received roviding the requested services. The "most cost-effective least after consideration of the features, quality of a healthcare provider deems relevant to choosing a method
34	I certify under penalty of perjury that I am authori provider or consortium. I declare under penalty of perjury that I have exmy knowledge, information, and belief, all inform true and correct. I certify under penalty of perjury that the healthcat and selected the most cost-effective method of pervice is defined as the "method that costs the transmission, reliability, and other factors that the of providing the required health care services." 4	ramined this request and attachments and to the best of ation contained in this request and in any attachments is are provider or consortium has considered all bids received roviding the requested services. The "most cost-effective least after consideration of the features, quality of a healthcare provider deems relevant to choosing a method
34	I certify under penalty of perjury that I am authori provider or consortium. I declare under penalty of perjury that I have exmy knowledge, information, and belief, all inform true and correct. I certify under penalty of perjury that the healthcat and selected the most cost-effective method of perservice" is defined as the "method that costs the transmission, reliability, and other factors that the of providing the required health care services." 4 I certify under penalty of perjury that all Healthcat program purposes for which support is intended.	ramined this request and attachments and to the best of ation contained in this request and in any attachments is are provider or consortium has considered all bids received roviding the requested services. The "most cost-effective least after consideration of the features, quality of a healthcare provider deems relevant to choosing a method of C.F.R. § 54.642(c). The Connect Fund support will be used only for the eligible on is not requesting support for the same service from
34 35 36	I certify under penalty of perjury that I am authori provider or consortium. I declare under penalty of perjury that I have exmy knowledge, information, and belief, all inform true and correct. I certify under penalty of perjury that the healthcat and selected the most cost-effective method of pervice is defined as the "method that costs the transmission, reliability, and other factors that the of providing the required health care services." 4 I certify under penalty of perjury that all Healthcat program purposes for which support is intended. I certify that the healthcare provider or consortium both the Telecommunications Program and the Felecommunications Act of 1996, as amended.	ramined this request and attachments and to the best of ation contained in this request and in any attachments is are provider or consortium has considered all bids received roviding the requested services. The "most cost-effective least after consideration of the features, quality of a healthcare provider deems relevant to choosing a method of C.F.R. § 54.642(c). The Connect Fund support will be used only for the eligible on is not requesting support for the same service from
34 35 36 37	I certify under penalty of perjury that I am authori provider or consortium. I declare under penalty of perjury that I have exmy knowledge, information, and belief, all inform true and correct. I certify under penalty of perjury that the healthcat and selected the most cost-effective method of pervice is defined as the "method that costs the transmission, reliability, and other factors that the of providing the required health care services." 4 I certify under penalty of perjury that all Healthcat program purposes for which support is intended. I certify that the healthcare provider or consortium both the Telecommunications Program and the Felecommunications Act of 1996, as amended any letter from the Administrator that erroneously subject to rescission.	ramined this request and attachments and to the best of ation contained in this request and in any attachments is are provider or consortium has considered all bids received roviding the requested services. The "most cost-effective least after consideration of the features, quality of a healthcare provider deems relevant to choosing a method of C.F.R. § 54.642(c). The Connect Fund support will be used only for the eligible on is not requesting support for the same service from dealthcare Connect Fund. In satisfies all of the requirements under Section 254 of and applicable Commission rules, and understand that

41 Signature	42 Date		
43 Printed Name Shannon D. Tice	44 Title/Position Sr. Account Manager		
45 Phone 580-559-8326 Ext. 8316	46 Email stice@kelloggllc.com		
47 Employer Kellogg & Sovereign Consulting, LLC	48 Employer's FCC RN 0011542313		

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Part 54 of the Federal Communications Commission's (FCC) rules authorize the FCC to collect the information requested in this form. Responses to the questions herein are required to obtain the benefits sought by this form. Failure to provide all requested information will delay processing or result in the form being returned without action. Information requested by this form will be available for public inspection. The information provided will be used to determine whether approving this request is in the public interest.

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Remember — you are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0804.



Logout

HCP Name: Variety Care, Inc.

HCP Number: 46665

RURAL HEALTH CARE

Return to My Consortium

Signature			E	Preview	NCW 🌄 Preview PDF 🔞 Form Guid
Please note that the funding request filing period. To save a draft of this form, please		The state of the s			
oned. To date a drait of this form, product	odioci daro una Exit.	of more information do	out ming milaon	portodo, pr	odd chock hore.
46 Email	stice@kelloggllc.com				
43 Printed Name of Authorized Person	First Name:	Middle Initial:	Last Name:		
	Shannon	D	Tice		
44 Title/Position of Authorized Person	Sr. Account Manager				
45 Phone	580-559-8326		Ext.	8316	
47 Employer	Kellogg & Sovereign (Consulting, LLC			
48 Employer's FCC RN	0011542313				
Signing on behalf of: *	Allen Tinsley				

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Form 460 Form 461 Form 462

Form 463

Documents

Click the 'Substitution' button to view approved 462s and submit site and service substitutions. You can select expense items to modify and create new expense items on one FRN at a time. Refer to the approved NCW by downloading the excel file as a reference to aid you during this process. Note that total funding on an FRN cannot increase above the original commitment amount. For more information, watch the site and service substitution demonstration video or review the guide. Expense items included on submitted or draft 463s are not available for modification until USAC processes them, and expense items included in substitutions are not available for invoicing on the 463 until USAC processes the substitution.

Substitution

461 App #	FRN	Last Edited	Type of Funding Request	Expense Type	Bandwidth (Download/Upload)	FCL Issuance Date	Status	Download	Actions Available
100014228	16983271	5/30/2019	Multiple Eligible	Multiple	Multiple	6/05/2019	Approved	X I	Create 463
100021250	17272621	8/30/2018	Multiple Eligible	Multiple	Multiple	3/16/2018	Approved	X Bernet	Create 463
100014228	16918571	4/14/2017	Multiple Eligible	Multiple	Multiple	4/17/2017	Approved	X BUME	Create 463
100014228	16926331	5/30/2019	Multiple Eligible	Multiple	Multiple	6/05/2019	Approved	7 x 1	Create 463
00021250	17272911	8/30/2018	Multiple Eligible	Multiple	Multiple	3/16/2018	Approved	X BHIML	Create 463
100021250	17272201	8/30/2018	Multiple Eligible	Multiple	Multiple	3/16/2018	Approved	X BRIML	Create 463
100014228	16918841	5/22/2019	Multiple Eligible	Multiple	Multiple	5/22/2019	Approved	™ x <u>∃</u>	Create 463
100032325	19668331	6/13/2019	Multiple Eligible	Multiple	Multiple		Draft		Delete
100032325	19666881	6/13/2019	Multiple Eligible	Multiple	Multiple		Draft		Delete
100032325	19667091	5/31/2019	Multiple Eligible	Multiple	Multiple		Received	T x	Create 463

Terms and Conditions

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Version 1.30.0







































Rural Health Care (RHC) Universal Service Healthcare Connect Fund Funding Request Form

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.

Block 1: General Information		
1 Funding Year 2019 2 Funding Request Number (FRN): 19668331 3	HCP Number: 46665
4 Site Name/Consortium Name: Variety Care, Inc.		
Block 2: Competitive Bidding Information		
5 FCC Form 461 Application Number: 100032325		
6 Allowable Contract Selection Date (ACSD): 04/18/2019	Service Provider Selection	on Date: 05/15/2019
7 Number of vendors who bid: 7 Are you continuing	service with your current	service provider? • Yes • No
8 Request for competitive bidding exemption (Only complet	e if claiming a competitive	bidding exemption).
☐ Annual Undiscounted Cost of \$10,000 or less		
☐ Government Master Services Agreement	Contract ID:	Friendly Name:
☐ Pre-Approved Master Services Agreement	Contract ID:	Friendly Name:
☐ Evergreen Contract	Contract ID:	Friendly Name:
☐ E-Rate Approved Contract	Contract ID:	Friendly Name:
Block 3: Vendor Information		
1430055	575	
10 Vendor name: Cox Oklahoma Telcom, LLC		
Block 4: Type of Funding Request		
11 Individual HCP, single eligible expense		
☐ Individual HCP, multiple eligible expenses		
Block 5: Single Eligible Expense Request for Funding		
Is this a newly installed circuit? O Yes O No	I	
12 Category of Expense	13 Expense Type	
14 Bandwidth	14a Is this service symm	
15 Circuit ID (optional)	If no, what is the upload I What is the download ba	
16 Percentage of expense eligible	What is the download ba	
17 Does the Service Type include both eligible and ineligible	e components?	es ONo
If yes, percentage of usage eligible	o componente.	0110
18 Billing Account Number (BAN)		
19 Contract ID	19a Date contract signed	d End
19b Expected service start date	19c Length of initial cont	
19d Number of contract extensions	19e Length of optional e	
If this is a multi-year contract, would you like this contract		()
	Teviewed for evergreen en	dorsement: Tes Tivo
20 Circuit start location		
Address Line 1		
Address Line 2		T 0 1
City	State	Zip Code
21 Circuit end location		
Address Line 1		
Address Line 2 City	State	Zip Code

	Is this a multi-year funding request? O Yes O No	Multi-year commitments cannot exceed 3 funding years and may not extend beyond the expiration date of an Evergreen Contract.
23	Expense frequency	24 Quantity of expense periods
25	Undiscounted cost per expense period	
26	Source of HCP contribution	
27	One-time installation charges	
28	This contract contains a Service Level Agreement.	O Yes O No
	If yes, provide the following information concerning the SLA in the contract: a. Latency: c. Packet Loss	b. Jitter: c. d. Reliability:
	USAC Internal Use Only	
	Funding Start Date	Funding End Date
Blo	ock 6: Multiple Eligible Expenses and Consortium Re	quests for Funding (attach Network Cost Worksheet)
29	Total undiscounted cost for eligible recurring expenses	\$17,278.56
30	Total undiscounted cost for eligible non-recurring expens	ses \$0.00
Blo	ock 7: Additional Documentation	
31	List all supporting documentation (Competitive bids, Cor	stract, etc.) that is required to be submitted with this form.
	Type of Documentation	
	a. VIABLE_SOURCE Docu	ument: VARI_35 Share_190517.pdf
	b.	
	C.	
Blo	ock 8: Request for Confidentiality	
		○ Yes
Blo	ock 9: Certification	
33		zed to submit this request on behalf of the healthcare
	I certify under penalty of perjury that I am authority provider or consortium. I declare under penalty of perjury that I have expenses.	zed to submit this request on behalf of the healthcare camined this request and attachments and to the best of leation contained in this request and in any attachments is
33	I certify under penalty of perjury that I am author provider or consortium. I declare under penalty of perjury that I have example my knowledge, information, and belief, all informative and correct. I certify under penalty of perjury that the healthcar and selected the most cost-effective method of perservice" is defined as the "method that costs the	camined this request and attachments and to the best of nation contained in this request and in any attachments is are provider or consortium has considered all bids received roviding the requested services. The "most cost-effective least after consideration of the features, quality of the healthcare provider deems relevant to choosing a method
33	I certify under penalty of perjury that I am author provider or consortium. I declare under penalty of perjury that I have exmy knowledge, information, and belief, all informative and correct. I certify under penalty of perjury that the healthcat and selected the most cost-effective method of pervice" is defined as the "method that costs the transmission, reliability, and other factors that the of providing the required health care services." 4	camined this request and attachments and to the best of nation contained in this request and in any attachments is are provider or consortium has considered all bids received roviding the requested services. The "most cost-effective least after consideration of the features, quality of the healthcare provider deems relevant to choosing a method
33 34 35	I certify under penalty of perjury that I am author provider or consortium. I declare under penalty of perjury that I have exmy knowledge, information, and belief, all information true and correct. I certify under penalty of perjury that the healthcate and selected the most cost-effective method of poservice" is defined as the "method that costs the transmission, reliability, and other factors that the of providing the required health care services." 4 I certify under penalty of perjury that all Healthcate program purposes for which support is intended.	camined this request and attachments and to the best of nation contained in this request and in any attachments is are provider or consortium has considered all bids received roviding the requested services. The "most cost-effective least after consideration of the features, quality of the healthcare provider deems relevant to choosing a method of C.F.R. § 54.642(c). The Connect Fund support will be used only for the eligible of the same service from
33 34 35 36	I certify under penalty of perjury that I am author provider or consortium. I declare under penalty of perjury that I have exmy knowledge, information, and belief, all informative and correct. I certify under penalty of perjury that the healthcat and selected the most cost-effective method of particles is defined as the "method that costs the transmission, reliability, and other factors that the of providing the required health care services." 4 I certify under penalty of perjury that all Healthcat program purposes for which support is intended. I certify that the healthcare provider or consortium both the Telecommunications Program and the II certify that the healthcare provider or consortium the Telecommunications Act of 1996, as amended.	camined this request and attachments and to the best of nation contained in this request and in any attachments is are provider or consortium has considered all bids received roviding the requested services. The "most cost-effective least after consideration of the features, quality of the healthcare provider deems relevant to choosing a method of C.F.R. § 54.642(c). The Connect Fund support will be used only for the eligible of the same service from
33 34 35 36 37	I certify under penalty of perjury that I am author provider or consortium. I declare under penalty of perjury that I have exmy knowledge, information, and belief, all informative and correct. I certify under penalty of perjury that the healthcat and selected the most cost-effective method of paservice" is defined as the "method that costs the transmission, reliability, and other factors that the of providing the required health care services." 4 I certify under penalty of perjury that all Healthcat program purposes for which support is intended. I certify that the healthcare provider or consortium both the Telecommunications Program and the I certify that the healthcare provider or consortium the Telecommunications Act of 1996, as amended any letter from the Administrator that erroneously subject to rescission.	camined this request and attachments and to the best of nation contained in this request and in any attachments is are provider or consortium has considered all bids received roviding the requested services. The "most cost-effective least after consideration of the features, quality of the healthcare provider deems relevant to choosing a method of C.F.R. § 54.642(c). The Connect Fund support will be used only for the eligible of the interest of the same service from the healthcare Connect Fund. The satisfies all of the requirements under Section 254 of ed, and applicable Commission rules, and understand that

41 Signature	42 Date		
43 Printed Name Shannon D. Tice	44 Title/Position Sr. Account Manager		
45 Phone 580-559-8326 Ext. 8316	46 Email stice@kelloggllc.com		
47 Employer Kellogg & Sovereign Consulting, LLC	48 Employer's FCC RN 0011542313		

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We have estimated that each response to this collection of information will take 2 hours. Our estimate includes the time to read the instructions, look through existing records, gather and maintain the required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Paperwork Reduction Project (3060-0804), Washington, DC 20554. We will also accept your comments via the Internet if your send them to pra@fcc.gov. Please DO NOT SEND COMPLETED APPLICATIONS TO THIS ADDRESS.

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Logout

HCP Name: Variety Care, Inc.

HCP Number: 46665

RURAL HEALTH CARE

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Signature			E	Preview	NCW 🌄 Preview PDF 🔞 Form Guid
Please note that the funding request filing period. To save a draft of this form, please		The state of the s			
oned. To date a drait of this form, product	odioci daro una Exit.	of more information do	out ming milaon	portodo, pr	odd chock hore.
46 Email	stice@kelloggllc.com				
43 Printed Name of Authorized Person	First Name:	Middle Initial:	Last Name:		
	Shannon	D	Tice		
44 Title/Position of Authorized Person	Sr. Account Manager				
45 Phone	580-559-8326		Ext.	8316	
47 Employer	Kellogg & Sovereign (Consulting, LLC			
48 Employer's FCC RN	0011542313				
Signing on behalf of: *	Allen Tinsley				

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RURAL HEALTH CARE

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Form 460

Form 461

Form 462

Form 463

Documents

Click the 'Substitution' button to view approved 462s and submit site and service substitutions. You can select expense items to modify and create new expense items on one FRN at a time. Refer to the approved NCW by downloading the excel file as a reference to aid you during this process. Note that total funding on an FRN cannot increase above the original commitment amount. For more information, watch the site and service substitution demonstration video or review the guide. Expense items included on submitted or draft 463s are not available for modification until USAC processes them, and expense items included in substitutions are not available for invoicing on the 463 until USAC processes the substitution.

Substitution

461 App #	FRN	Last Edited	Type of Funding Request	Expense Type	Bandwidth (Download/Upload)	FCL Issuance Date	Status	Download	Actions Available
100014228	16983271	5/30/2019	Multiple Eligible	Multiple	Multiple	6/05/2019	Approved	₹ x 🖪	Create 463
100021250	17272621	8/30/2018	Multiple Eligible	Multiple	Multiple	3/16/2018	Approved	X BETTAL	Create 463
100014228	16918571	4/14/2017	Multiple Eligible	Multiple	Multiple	4/17/2017	Approved	X Britis	Create 463
100014228	16926331	5/30/2019	Multiple Eligible	Multiple	Multiple	6/05/2019	Approved	₹ x 🗓	Create 463
00021250	17272911	8/30/2018	Multiple Eligible	Multiple	Multiple	3/16/2018	Approved	X HITML	Create 463
100021250	17272201	8/30/2018	Multiple Eligible	Multiple	Multiple	3/16/2018	Approved	X HITML	Create 463
100014228	16918841	5/22/2019	Multiple Eligible	Multiple	Multiple	5/22/2019	Approved	7 x	Create 463
100032325	19668331	6/13/2019	Multiple Eligible	Multiple	Multiple		Draft		Delete
100032325	19666881	6/13/2019	Multiple Eligible	Multiple	Multiple		Draft		Delete
100032325	19667091	5/31/2019	Multiple Eligible	Multiple	Multiple		Received	₩ X I	Create 463

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Version 1.30.0







































Caring Hands Healthcare Network (HCP #51747)

OMB Approved 3060-0804 Estimated Time Per Response: 2 hours

Rural Health Care (RHC) Universal Service Healthcare Connect Fund Funding Request Form

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.

Block 1: General Information		
1 Funding Year 2019 2 Funding Request Number (FRN): 19667981 3	HCP Number: 51747
4 Site Name/Consortium Name: Caring Hands Healthcare	Network	
Block 2: Competitive Bidding Information		
5 FCC Form 461 Application Number:		
6 Allowable Contract Selection Date (ACSD):	Service Provider Selecti	on Date:
7 Number of vendors who bid: Are you continuing	service with your current	service provider? O Yes O No
8 Request for competitive bidding exemption (Only complet	e if claiming a competitive	e bidding exemption).
☐ Annual Undiscounted Cost of \$10,000 or less		
☐ Government Master Services Agreement	Contract ID:	Friendly Name:
☐ Pre-Approved Master Services Agreement	Contract ID:	Friendly Name:
■ Evergreen Contract	Contract ID: 941004	Friendly Name: FY17 HCP 51747 OneNet
☐ E-Rate Approved Contract	Contract ID:	Friendly Name:
Block 3: Vendor Information		
1430152	54	
10 Vendor name: OneNet (Oklahoma State Regents)		
Block 4: Type of Funding Request		
11 Individual HCP, single eligible expense		
☐ Individual HCP, multiple eligible expenses ☐ Consortium Application		
Block 5: Single Eligible Expense Request for Funding		
Is this a newly installed circuit? O Yes O No		
12 Category of Expense	13 Expense Type	
14 Bandwidth	14a Is this service symr	metrical? O Yes O No
	If no, what is the upload	bandwidth
15 Circuit ID (optional)	What is the download ba	andwidth
16 Percentage of expense eligible		
17 Does the Service Type include both eligible and ineligible	e components?	∕es
If yes, percentage of usage eligible		
18 Billing Account Number (BAN)	140- Datatt:	- Ford
19 Contract ID	19a Date contract signe	
19b Expected service start date	19c Length of initial con	
19d Number of contract extensions	19e Length of optional	()
If this is a multi-year contract, would you like this contract	reviewed for evergreen ei	ndorsement? O Yes O No
20 Circuit start location		
Address Line 1		
Address Line 2	lo	T
City	State	Zip Code
21 Circuit end location		
Address Line 2		
Address Line 2	State	Zin Codo
City	State	Zip Code

6 Month

22	Is this a multi-year funding request? O Yes O No	Multi-year commitments cannot exceed 3 funding years and may not extend beyond the expiration date of an Evergreen Contract.
23	Expense frequency	24 Quantity of expense periods
25	Undiscounted cost per expense period	
26	Source of HCP contribution	
27	One-time installation charges	
28	This contract contains a Service Level Agreement.	O Yes O No
	If yes, provide the following information concerning the SLA in the contract: a. Latency: c. Packet Los	b. Jitter: s: d. Reliability:
	USAC Internal Use Only	
	Funding Start Date	Funding End Date
Ble	ock 6: Multiple Eligible Expenses and Consortium Re	quests for Funding (attach Network Cost Worksheet)
29	Total undiscounted cost for eligible recurring expenses	\$12,108.00
30	Total undiscounted cost for eligible non-recurring expens	ses \$0.00
Blo	ock 7: Additional Documentation	
31	List all supporting documentation (Competitive bids, Co	ntract, etc.) that is required to be submitted with this form.
	Type of Documentation	
	a. VIABLE_SOURCE Docu	ment: CHHN_Executed Consortia Source of 35 Share 2019.pdf
	b.	
	C.	
Blo	ock 8: Request for Confidentiality	
		O Vee O No
		O Yes ⊙ No
	ock 9: Certification	
33	provider or consortium.	ized to submit this request on behalf of the healthcare
34		xamined this request and attachments and to the best of nation contained in this request and in any attachments is
35	and selected the most cost-effective method of particles services is defined as the "method that costs the	are provider or consortium has considered all bids received providing the requested services. The "most cost-effective least after consideration of the features, quality of the healthcare provider deems relevant to choosing a method of C.F.R. § 54.642(c).
36	I certify under penalty of perjury that all Healthca program purposes for which support is intended.	re Connect Fund support will be used only for the eligible
37	I certify that the healthcare provider or consortiun both the Telecommunications Program and the	m is not requesting support for the same service from Healthcare Connect Fund.
37	both the Telecommunications Program and the I certify that the healthcare provider or consortiu the Telecommunications Act of 1996, as amended.	
	both the Telecommunications Program and the I certify that the healthcare provider or consortiu the Telecommunications Act of 1996, as amendany letter from the Administrator that erroneously subject to rescission.	Healthcare Connect Fund. m satisfies all of the requirements under Section 254 of ed, and applicable Commission rules, and understand that

41 Signature	42 Date
43 Printed Name Shannon D. Tice	44 Title/Position Sr. Account Manager
45 Phone 580-559-8326 Ext. 8316	46 Email stice@kelloggllc.com
47 Employer Kellogg & Sovereign Consulting, LLC	48 Employer's FCC RN 0011542313

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Logout

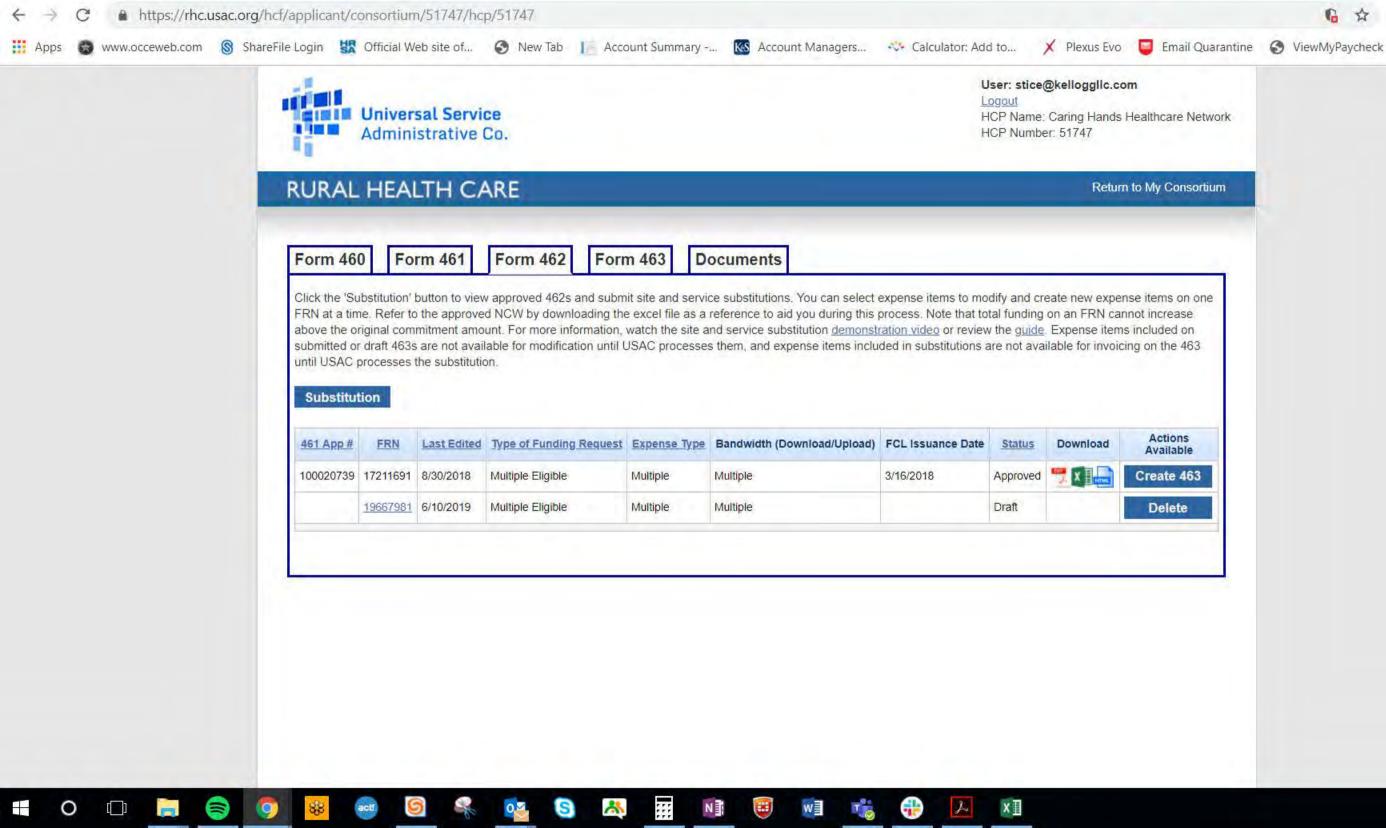
HCP Name: Caring Hands Healthcare Network

HCP Number: 51747

RURAL HEALTH CARE

Return to My Consortium

Signature				Preview NCW 咒 Previe	w PDF 📵 Form Guid
Please note that the funding request filing period. To save a draft of this form, please				and the second s	_
46 Email	stice@kelloggllc.com				
43 Printed Name of Authorized Person	First Name:	Middle Initial:	Last Name:		
	Shannon	D	Tice		
44 Title/Position of Authorized Person	Sr. Account Manager				
45 Phone	580-559-8326		Ext.	8316	
47 Employer	Kellogg & Sovereign Co	nsulting, LLC			
48 Employer's FCC RN	0011542313				
Signing on behalf of: *	Sharon Hall			•	





Kiamichi Family Medical Center Consortium (HCP #52411)

Rural Health Care (RHC) Universal Service Healthcare Connect Fund Funding Request Form

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.

Block 1: General Information		
1 Funding Year 2019 2 Funding Request Number (FRN): 19667941 3	HCP Number: 52411
4 Site Name/Consortium Name: Kiamichi Family Medical	<u>'</u>	
Block 2: Competitive Bidding Information		
5 FCC Form 461 Application Number: 100033528		
6 Allowable Contract Selection Date (ACSD): 04/23/2019	Service Provider Selection	n Date: 05/13/2019
7 Number of vendors who bid: 3 Are you continuing	service with your current s	service provider? ⊙ Yes O No
8 Request for competitive bidding exemption (Only complete	e if claiming a competitive	bidding exemption).
☐ Annual Undiscounted Cost of \$10,000 or less		
☐ Government Master Services Agreement	Contract ID:	Friendly Name:
☐ Pre-Approved Master Services Agreement	Contract ID:	Friendly Name:
☐ Evergreen Contract	Contract ID:	Friendly Name:
☐ E-Rate Approved Contract	Contract ID:	Friendly Name:
Block 3: Vendor Information		
1430152	254	
10 Vendor name: OneNet (Oklahoma State Regents)		
Block 4: Type of Funding Request		
11 Individual HCP, single eligible expense		
☐ Individual HCP, multiple eligible expenses ☐ Consortium Application		
Block 5: Single Eligible Expense Request for Funding		
Is this a newly installed circuit? O Yes O No		
12 Category of Expense	13 Expense Type	
14 Bandwidth	14a Is this service symm	etrical? O Yes O No
	1. 16	
L1E Circuit ID (antional)		pandwidth
15 Circuit ID (optional)	What is the download bar	
16 Percentage of expense eligible	What is the download bar	ndwidth
16 Percentage of expense eligible17 Does the Service Type include both eligible and ineligible	What is the download bar	ndwidth
16 Percentage of expense eligible17 Does the Service Type include both eligible and ineligibleIf yes, percentage of usage eligible	What is the download bar	ndwidth
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Percentage of expense eligible Does the Service Type include both eligible and ineligible If yes, percentage of usage eligible Billing Account Number (BAN) Contract ID	What is the download bare components? Yes	es ONo
16 Percentage of expense eligible 17 Does the Service Type include both eligible and ineligible 18 Billing Account Number (BAN) 19 Contract ID 19b Expected service start date	What is the download bare components? Yes 19a Date contract signed 19c Length of initial contract cont	es ONo End End
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22	Is this a multi-year funding request? O Yes O No	Multi-year commitments cannot exceed 3 funding years and may not extend beyond the expiration date of an Evergreen Contract.
23	Expense frequency	24 Quantity of expense periods
25	Undiscounted cost per expense period	
26	Source of HCP contribution	
27	One-time installation charges	
28	This contract contains a Service Level Agreement.	O Yes O No
	If yes, provide the following information concerning the SLA in the contract: a. Latency: c. Packet Loss	b. Jitter: c. d. Reliability:
	USAC Internal Use Only	
	Funding Start Date	Funding End Date
Ble	ock 6: Multiple Eligible Expenses and Consortium Re	quests for Funding (attach Network Cost Worksheet)
29	Total undiscounted cost for eligible recurring expenses	\$47,844.00
30	Total undiscounted cost for eligible non-recurring expens	ses \$1,000.00
Blo	ock 7: Additional Documentation	
31	List all supporting documentation (Competitive bids, Cor	stract, etc.) that is required to be submitted with this form.
	Type of Documentation	
		ment: KFMC 52411 35 Percent Letter_ 190513.pdf
	b. OTHER (KFMC Documentation Packet) Docu	ment: KFMC 52411 Documentation Packetpdf
	C.	
Blo	ock 8: Request for Confidentiality	
		O Var. O Na
		○ Yes • No
Blo	ock 9: Certification	
0.0		
33	I certify under penalty of perjury that I am authori provider or consortium.	zed to submit this request on behalf of the healthcare
33	I certify under penalty of perjury that I am authori provider or consortium. I declare under penalty of perjury that I have expending the second of the sec	zed to submit this request on behalf of the healthcare camined this request and attachments and to the best of lation contained in this request and in any attachments is
	I certify under penalty of perjury that I am authoric provider or consortium. I declare under penalty of perjury that I have example in the many knowledge, information, and belief, all information and correct. I certify under penalty of perjury that the healthcat and selected the most cost-effective method of person service" is defined as the "method that costs the	camined this request and attachments and to the best of nation contained in this request and in any attachments is are provider or consortium has considered all bids received roviding the requested services. The "most cost-effective least after consideration of the features, quality of the healthcare provider deems relevant to choosing a method
34	I certify under penalty of perjury that I am authoric provider or consortium. I declare under penalty of perjury that I have exempted my knowledge, information, and belief, all information true and correct. I certify under penalty of perjury that the healthcat and selected the most cost-effective method of perservice is defined as the "method that costs the transmission, reliability, and other factors that the of providing the required health care services." 4	camined this request and attachments and to the best of nation contained in this request and in any attachments is are provider or consortium has considered all bids received roviding the requested services. The "most cost-effective least after consideration of the features, quality of the healthcare provider deems relevant to choosing a method
34	I certify under penalty of perjury that I am authoric provider or consortium. I declare under penalty of perjury that I have exempted my knowledge, information, and belief, all informative and correct. I certify under penalty of perjury that the healthcat and selected the most cost-effective method of perservice is defined as the "method that costs the transmission, reliability, and other factors that the of providing the required health care services." 4 I certify under penalty of perjury that all Healthcat program purposes for which support is intended.	camined this request and attachments and to the best of nation contained in this request and in any attachments is are provider or consortium has considered all bids received roviding the requested services. The "most cost-effective least after consideration of the features, quality of the healthcare provider deems relevant to choosing a method of C.F.R. § 54.642(c). The Connect Fund support will be used only for the eligible of the same service from
34 35 36	I certify under penalty of perjury that I am authoric provider or consortium. I declare under penalty of perjury that I have exmy knowledge, information, and belief, all informative and correct. I certify under penalty of perjury that the healthcat and selected the most cost-effective method of pervice is defined as the "method that costs the transmission, reliability, and other factors that the of providing the required health care services." 4 I certify under penalty of perjury that all Healthcat program purposes for which support is intended. I certify that the healthcare provider or consortium both the Telecommunications Program and the I certify that the healthcare provider or consortium the Telecommunications Act of 1996, as amended.	camined this request and attachments and to the best of nation contained in this request and in any attachments is are provider or consortium has considered all bids received roviding the requested services. The "most cost-effective least after consideration of the features, quality of the healthcare provider deems relevant to choosing a method of C.F.R. § 54.642(c). The Connect Fund support will be used only for the eligible of the same service from
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41 Signature	42 Date
43 Printed Name Shannon D. Tice	44 Title/Position Sr. Account Manager
45 Phone 580-559-8326 Ext. 8316	46 Email stice@kelloggllc.com
47 Employer Kellogg & Sovereign Consulting, LLC	48 Employer's FCC RN 0011542313

FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT

Part 54 of the Federal Communications Commission's (FCC) rules authorize the FCC to collect the information requested in this form. Responses to the questions herein are required to obtain the benefits sought by this form. Failure to provide all requested information will delay processing or result in the form being returned without action. Information requested by this form will be available for public inspection. The information provided will be used to determine whether approving this request is in the public interest.

We have estimated that each response to this collection of information will take 2 hours. Our estimate includes the time to read the instructions, look through existing records, gather and maintain the required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Paperwork Reduction Project (3060-0804), Washington, DC 20554. We will also accept your comments via the Internet if your send them to pra@fcc.gov. Please DO NOT SEND COMPLETED APPLICATIONS TO THIS ADDRESS.

Remember — you are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0804.



Logout

HCP Name: Kiamichi Family Medical Center

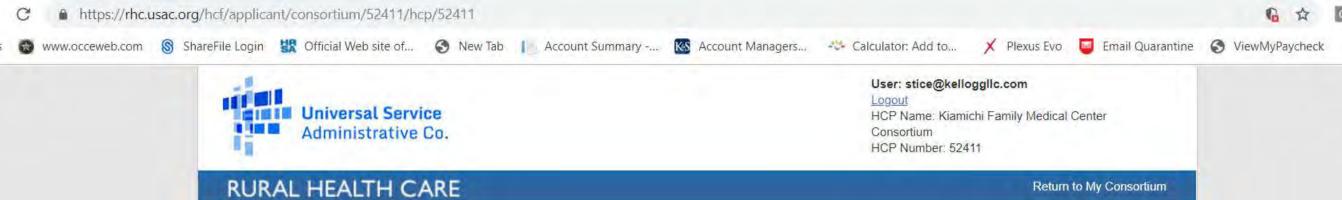
Consortium

HCP Number: 52411

RURAL HEALTH CARE

Return to My Consortium

Signature			1	Preview N	NCW 📅 Preview PDF 🎯 Form Guid
Please note that the funding request filing period. To save a draft of this form, please					
46 Email	stice@kelloggllc.com				
43 Printed Name of Authorized Person	First Name:	Middle Initial:	Last Name:		
	Shannon	D	Tice		
44 Title/Position of Authorized Person	Sr. Account Manager				
45 Phone	580-559-8326		Ext.	8316	
47 Employer	Kellogg & Sovereign (Consulting, LLC			
48 Employer's FCC RN	0011542313				
Signing on behalf of: *	Scott A Rickey			6	*



Documents

Expense

Type

Multiple

Bandwidth

(Download/Upload)

Multiple

FCL Issuance

Status Download

Draft

Draft

Click the 'Substitution' button to view approved 462s and submit site and service substitutions. You can select expense items to modify and create new expense items on one FRN at a time. Refer to the approved NCW by downloading the excel file as a reference to aid you during this process. Note that total funding on an FRN cannot increase above the original commitment amount. For more information, watch the site and service substitution demonstration video or review the guide. Expense items included on submitted or draft 463s are not available for modification until USAC processes them, and expense items included in substitutions are not available for invoicing on the 463

Form 461

FRN

17243581 (fund year window

until USAC processes the substitution.

closed)

100033528 19667941

Form 462

Last

Edited

6/13/2017 Multiple Eligible

6/10/2019 Multiple Eligible

Form 463

Type of Funding

Request

Form 460

Substitution

461 App #



Return to My Consortium

Actions

Available

Delete

Delete







EXHIBIT 10









Oklahoma, Arkansas cities brace for 'the worst flood in our history'

John Bacon, USA TODAY	Published 1:55 p.m. ET May 27, 2019 Updated 9:19 a.m. ET May 29, 2019

Oklahoma and Arkansas were bracing for their worst-ever flooding as a new wave of storms forecast to roll through the region threatened to further bloat the Arkansas River that already has reached record crests in some areas.

Forecasters reported tornadoes, high winds, hail and heavy rain across the region on Monday, triggering evacuations and high-water rescues. The storms are the latest to rip through the Midwest (/story/news/nation/2019/05/26/2-dead-unknown-number-missing-oklahoma-tornado/1243924001/) over the past two weeks, leaving at least nine dead and a trail of damage from high winds and flooding.

In Tulsa, the Oklahoma National Guard patrolled the city's stressed levee system.

"The levee system is still operating as designed," Mayor G.T. Bynum said Monday. But he said that could change: "We are asking for everyone to prepare for the worst-case scenario ... the worst flood in our history."

'Devastating sight': Powerful EF3 tornado kills 2, injures 29 in Oklahoma town (/story/news/nation/2019/05/26/2-dead-unknown-number-missing-oklahoma-tornado/1243924001/)

'Active pattern': Tornado season has been wild, and more storms are coming (/story/news/nation/2019/05/21/tornado-season-has-been-active-and-more-storms-forecast/3753111002/)

Bynum urged residents near the levees to "proactively relocate," and the city has opened multiple shelters. He said authorities were reviewing how such flooding would impact the city's infrastructure.

The river is forecast to reach a record crest Tuesday evening, according to the National Weather Service. Tulsa increased its releases of water from the Keystone Dam, adding to the woes downstream in Fort Smith, Arkansas, where the river already surpassed its historic crest Sunday.



Justin Sloggett reacts while talking about his parents' furniture store, The Saving Place Rustic Furniture and Mattress, after a suspected tornado destroyed their warehouse in Sapulpa, Okla., on May 26, 2019. (Photo: Mike Simons, AP)

Some residents were forced to evacuate. Fort Smith Mayor George McGill said the city is experiencing record flooding, and high-water rescues were underway.

McGill warned residents to be careful traveling around the city. But he said residents are known for their grit and expressed confidence the city would overcome and thrive.

"It's a sight that we've never seen before, but just like we recovered from other record-breaking floods we will recover from this," McGill said. "There is nothing you can do about Mother Nature."

Meteorologists on Monday recorded 45 tornadoes, primarily in Colorado, Iowa and Indiana. Twisters also touched down in Minnesota, Illinois and Idaho, according to preliminary reports by the weather service's <u>Storm Prediction Center (https://www.spc.noaa.gov/climo/reports/today.html)</u>. Several houses were damaged, but no injuries were immediately reported.

Flash flood watches and warnings persisted late Monday in parts of northeastern Indiana, western Nebraska and southeast Wyoming, according to the National Weather Service said.

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Additional heavy rain and severe thunderstorms were forecast through Wednesday before the region sees a possible respite. But it might not last long.

"There are early indications this weather pattern could return next weekend and into the following week with more rounds of severe weather across the central U.S," AccuWeather Meteorologist Brett Rathbun said.

Meanwhile, the Southeast may see record highs through Wednesday, the National Weather Service (https://www.wpc.ncep.noaa.gov/discussions/hpcdiscussions.php?disc=pmdspd) said, with temperatures soaring well into the 90s and lower 100s for some areas.

Contributing: Kristin Lam, USA TODAY